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At home in care: Children living with birth parents on a Care Order

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Contents

1. Introduction.....	7
Aims	7
Research Questions	7
Organisation of the report	7
2. Review of the Literature	8
Introduction	8
Policy and practice framework	8
Reunification	9
Children returned home	10
Children in care placed with parents	11
3. Methodology	13
Design.....	13
Sample.....	13
Data collection	16
<i>Social work case file review.....</i>	<i>16</i>
<i>Semi-structured interviews with birth parents</i>	<i>17</i>
<i>Semi-structured interviews with children and young people.....</i>	<i>18</i>
Recruitment process.....	18
<i>Stage 1: Case file review</i>	<i>18</i>
<i>Stage 2: Interviews with birth parents and children/young people.....</i>	<i>19</i>
Analysis	19
4. Case file review analysis.....	20
The children / young people and their families: Background characteristics	20
The care histories.....	21
<i>Placements</i>	<i>21</i>
<i>Returns home</i>	<i>23</i>
<i>Care Orders</i>	<i>25</i>
<i>Current placements.....</i>	<i>26</i>

<i>Supports provided</i>	27
Children's and young people's outcomes	28
Categorizing the children and young people	29
<i>Children return home group</i>	29
<i>Adolescent return home group</i>	30
<i>Home and away group</i>	33
<i>Yo-yo group</i>	33
Summary	37
5. The interviews	39
The participants	39
Entering public care	45
<i>The experience of the children entering care</i>	45
<i>Reasons for entering care</i>	47
Being in care and placement moves	48
<i>The experience of being in care</i>	48
<i>The placements</i>	50
<i>Contact between young people and their birth family</i>	52
<i>Parents' coping with the situation and social services involvement</i>	54
Children and young people's return home	56
<i>The circumstances and reasons for young people returning home</i>	56
<i>Coping with the realities of the return</i>	59
<i>Parenting and the parent-child relationship</i>	61
<i>Social services' involvement and support</i>	63
<i>Social supports</i>	66
Child/Young person's education, behaviour, health and lifestyle	67
<i>Education</i>	67
<i>Behaviour, health and lifestyle</i>	69
Summary	71
6. Discussion and conclusions	73
Use of the placement 'at home in care' in Northern Ireland	73

Characteristics of children and young people placed at home on a Care Order	73
<i>Children and young people's profile</i>	73
<i>Care careers</i>	74
Rationale for and function of the Care Order	75
The families' experiences of the 'at home in care' placement.....	76
Implications for Social Work Practice and Recommendations	77
7. References	80

Figures and Tables

Table 3.1. Number of children at home on a Care Order 31/03/2009 by HSC Trust.....	13
Table 3.2. Number and % of consents to access case files by HSC Trust.....	14
<i>Figure 3.1 Flow chart of recruitment to the study</i>	<i>15</i>
Table 3.3. Face-to-face interviews by HSC Trust.....	15
Table 4.1: Young people that took part by age at survey	20
Table 4.2: Young people that took part by family history	21
Table 4.3: Young people's age when they first became LA and when the Care Order was made	21
Table 4.4: Reasons for becoming LA/making of the CO	22
Table 4.5: Young people's age when they were removed.....	23
Table 4.6: Reasons for returning home	24
Table 4.7: Young people's age when first returned home	24
Table 4.8: Reasons for breakdown of home placements	25
Table 4.9: Young people's age when CO was removed	25
Table 4.10: Reasons for Care Order remaining in place	26
<i>Figure 4.1. Young people's current placements</i>	<i>26</i>
Table 4.11: Supports provided for parents.....	27
Table 4.12: Supports provided for children and young people	28
Table 4.13: Young children returns group characteristics (n=13).....	31
Table 4.14: Adolescent returns group characteristics (n=15).....	32
Table 4.15: Looked After away from home group characteristics (n=8)	35
Table 4.16: Yoyo young people group characteristics (n=11).....	36
Table 5.1: Interviews.....	39
Table 5.2: Case file information on the young person's first entry into care	46

Table 5.3: Case file information on the child’s care experience	48
Table 5.4: Reasons for returning home extracted from case file analysis.....	57

1. Introduction

This report describes a cross-sectional study, funded by the Research and Development Division of the Public Health Agency (PHA), focusing on children who live / have lived with their birth parents subject to a Care Order in Northern Ireland; and reports on its findings. This is an important study for two reasons. Firstly, there has been no research conducted on this issue in Northern Ireland since the introduction of the *Children (Northern Ireland) Order 1995*. Secondly, to many observers outside of the care system, it appears counter-intuitive that children can remain living with birth parents where a court of law has deemed them to be at risk of significant harm, and where this risk may have resulted from the action or inaction of their birth parents. The key question is: how can risk be effectively managed in such circumstances?

In this section, the aims of the study and the research question are described; and an explanation of how the report is organised is also provided.

Aims

The purpose of this study was to investigate the experiences of returning home for children/young people and their birth parents when the child returning home is subject to a Care Order. The study examined: the care histories for a cohort of children/young people in this situation; the reasons for them being taken into care, returning home, and the Care Order being discharged; the level of social services support and assistance provided; and the outcomes for these children/young people and their families.

Research Questions

1. To what extent are children being placed with birth parents subject to a Care Order in Northern Ireland?
2. What are the characteristics of these cases?
3. What is the rationale for placing children on a Care Order with their birth parents, and what is the function of the Care Order in these circumstances?
4. How do birth parents and children/young people experience this type of placement?

Organisation of the report

This report is organised in different sections. The following section reviews the literature on children/young people returning home from care, and identifies the gaps in the research to date. This is followed by a description of the methodology used to carry out this study. The findings are presented in two sections: the case file review analysis; and the qualitative analysis of the interviews with the children/young people and their birth parents. Finally, a conclusion section completes the report.

2. Review of the Literature

Introduction

Compared with children who are fostered, living with relatives, or adopted from the care system, there is a dearth of research literature on children who live with their birth parents whilst simultaneously being in care.

This chapter begins by specifying what governmental statistics can tell us about this group of children/young people, and also considers the policy and practice context in Northern Ireland and Great Britain. It then provides a concise review of the limited literature-base, particularly in relation to reunification. This highlights the main issues that have been found to affect these children/young people and their parents.

Policy and practice framework

Most children who return home from care do so following a period of being accommodated by a Health and Social Care (HSC) Trust¹ on a voluntary basis (*Children (NI) Order Article 21*). When these children return home, they simultaneously exit the care system. However, some children are in care as a result of care proceedings, and are subject to a Care Order (*Children (NI) Order Article 50*). In these circumstances, the HSC Trust shares Parental Responsibility (PR) with the parent(s) of the child, and continues to retain shared PR until the Care Order is discharged. When these children are returned home, the guidance specifies that this should be done in the context of a care plan to ensure that reunification is safe and provides them with adequately care. The first phase of this return home is often regarded as a trial period, hence the term 'home on trial'. Currently, these children fall within the category of 'placed with family' (Northern Ireland) or are specified as 'placed with parents' (England and Wales).

In the late 1980s, children subject to a Care Order accounted for about one in ten of those returned home (Bullock *et al.*, 1993, p. 27). Whilst the numbers of children in foster care in Northern Ireland fell by 11 per cent between 2000 and 2005, those 'placed with family' increased by 43 per cent (DHSSPS, 2007), and on 31st March 2007, 24 per cent of all children in care in Northern Ireland (n=566) were 'placed with family' (DHSSPS, 2008). However, the exact proportion of this group that were living with birth parents on a Care Order was not presented. The last five years has seen a reversal in this pattern of placement, with the proportion of children in foster care increasing by 15 per cent between 2007 and 2012 (n=1,946), whilst the proportion of those 'placed with family' decreasing by half to 11 per cent of all children in care (n=295) (DHSSPS, 2012). Again, the extent to

¹ There are five Health and Social Care Trusts in Northern Ireland. These are equivalent to Local Authorities in England and Wales in terms of their social care responsibilities

which this group of children 'placed with family' included those who were living with their birth parents on a Care Order was not presented.

Reunification

Although the majority of children who enter care across the UK return home (Holmes, 2014), a significant number of these children eventually re-enter the care system (e.g. Sinclair *et al.*, 2005). The breakdown rate reported in recent studies of children returned home appears to increase with longer follow-up periods: 47 per cent in Farmer *et al.*'s (2011) two-year follow-up study of 180 children returned home; 52 per cent in Packman and Hall's (1998) study of accommodated children also followed up for two years; 37 per cent in Sinclair *et al.*'s (2005) three-year follow-up study of children in foster care returned home; 59 per cent in Wade *et al.*'s (2010) four-year follow-up study of 149 maltreated children (68 children returned home); and 65 per cent in Farmer and Lutman's (2012) five-year follow-up study of 138 neglected returned home children.

Research examining reunification has ascertained factors that contribute to the likelihood of return, factors associated with a successful return, and those linked to re-entry to care (Bullock *et al.*, 1993 and 1998; Cleaver, 2000; Marsh and Triseliotis, 1993; Thoburn, 2009). For instance, a likelihood of return has been associated with: mother not having alcohol, drug, or mental health problems; family not having a history of domestic violence; the child being less than 11 years old and not having a disability; good quality family relationships; child not being Looked After as a result of neglect; children's entry to foster care being on a voluntary basis; and strong determination of the child to return and determination of parents to get them back (see for example, Sinclair *et al.*, 2007; Thoburn *et al.*, 2012; Wade *et al.*, 2011; Ward *et al.*, 2006). It has also been found that the longer a child stays in care, the less likely it is that he/she will return home (e.g. Thoburn *et al.*, 2012; McSherry *et al.*, 2013); and that children living in a certain area are more likely to return home than children living in others, suggesting the existence of regional variations in practice (e.g. McSherry *et al.*, 2013; Farmer *et al.*, 2011; Wade *et al.*, 2011).

As mentioned earlier, however, returns are not always successful. A stable return home has been linked to: a good attachment relationship between the child and the birth parent; parent's motivation to change and seek help; problems leading to the child's admission having reduced; purposeful and appropriately supported contact; contact being a positive experience; a regularly assessed, long, and steady-paced return process; provision and access to after-care support services, especially family-focused social work interventions; the child being in care for less than one year; placement stability while in foster care, or short stable care experiences; little or no change of membership in the birth home; the child being young; and either having no siblings or having returned with them (Farmer & Parker, 1991; Murphy & Fairtlough, 2014; Cleaver, 2000; Wade *et al.*, 2010).

Factors associated with failed returns have also been identified. In a review of the literature, Biehal (2006) concluded that re-entry to care is associated with: severe family difficulties, particularly substance abuse and mental health problems; child behaviour problems or disability; and social isolation and a lack of support networks. More recently, in a prospective study of 180 children returned to their parent/s in England, it was found that return breakdowns were associated with a similar range of factors, such as: child's suspected physical abuse; poor parenting; two or more previous failed returns; parents' ambivalent feelings about reunification; insufficient support; the case being closed after reunion despite concerns; and child's emotional or behavioural problems, attachment-type difficulties, or/and inappropriately sexualised behaviour. In that study, it was also found that younger children (aged less than 11 years old) were more likely to have stable returns than older children did (Farmer *et al.*, 2011; Farmer & Wijedasa, 2013). The authors also found that adequate preparation of the child and parent(s) before reunification; changes to family membership; the child's local authority; foster carer assistance with reunion; parents actively seeking reunion; other agency supervision during reunification; and adequate support during return were significant predictors of reunification stability. Farmer (2014, p.348) highlighted 'the importance of setting conditions using written agreements, which agree clear goals for change with parents, with swift action being taken when children's quality of life at home becomes unsatisfactory'. One of the main conclusions of the study was that there is a lack of attention to reunification practice, which often leads to poor outcomes for children.

Children returned home

Although reunification is chosen as a means to secure the future for many children in care, children that return home have received little attention in the research literature compared with those who remain in foster care or who are adopted. This is despite evidence that they are likely to have more difficulties than children in other types of placements. For instance, in a survey carried out in 2002 on the mental health of children and young people in care in England, Looked After children living with their birth parents were found to be at least twice as likely as those in foster care to have anxiety disorders (20% compared with 8%), and about four times as likely as those in foster care to suffer from depression (9% compared with 2%) (Meltzer *et al.*, 2003). Furthermore, studies of children in care conducted in England and the US, and that have included children who return home in their analyses, suggest that the latter are more likely 'to have more serious emotional and behavioural problems, poor social functioning, educational participation and adjustment, and higher rates of re-offending than those who continue to be Looked After' (Biehal, 2006, p.72; see also Taussig *et al.*, 2001; Sinclair *et al.*, 2005). Similarly, in a recent study of maltreated children, Wade *et al.* (2011) found that children who had remained in foster or residential care were faring better (in terms of behaviour, school adjustment and general wellbeing) than children who had returned home, even if their reunification had remained stable.

Despite these concerns, birth families appear to receive less support than foster families 'for dealing with equally difficult children' (Sinclair *et al.*, 2005, p.84). Findings from the Northern Ireland 'Care

Pathways and Outcomes Study' (McSherry *et al.*, 2013; Fargas *et al.*, 2010) raised concerns about the level of support provided to families when children return home from care. The research, which followed a population of young children in care, found that birth parents reported significantly higher levels of stress than foster and kinship carers or adoptive parents, as measured by the Parenting Stress Index (Abidin, 1995), and their responses to the Strengths and Difficulties Questionnaire (Goodman, 1997) suggested that their children had more difficulties than those adopted or in kinship care. In addition, these children were more likely to display a significantly lower level of scholastic aptitude, as measured by the British Picture Vocabulary Scale (BPVS; Dunn *et al.*, 1997), and to have more learning difficulties than children in the other placement types. However, these children received the least amount of support in relation to the educational difficulties they were experiencing. Skuse and Ward's (2003) study of children returned home from care also highlighted a lack of formal support. In this study, older children tended not to remain at home for long, with multiple transitions between different relatives commonplace. The study questioned the emphasis placed on returning children home, the extent to which these placements are adequately supported, and the accuracy of defining return-home placements as permanent.

This is a particularly important issue as it has been found that the cost of reunification breakdowns is considerably higher (i.e. approximately £300 million a year in England) than the annual cost of providing support and services to meet the needs of all children and families returning home from care (i.e. £56 million) (Holmes, 2014).

In summary, the findings of these studies question the stability of return home placements, the level of support provided when this does happen, and raise concerns about the health and welfare of children and their birth parents in such circumstances.

Children in care placed with parents

Three studies of children in care returned home 'on trial' were conducted prior to the implementation of the *Children Act 1989* in England and Wales and the *Children Order 1995* in Northern Ireland. Thoburn's (1980) small-scale qualitative study of 34 school-age children and their parents drew attention to the lack of clarity on the part of social workers and parents as to the reasons for the continuation of Care Orders in these circumstances. Farmer and Parker (1991, p.185) observed that 'the status of home on trial, which is commonly regarded as a prelude to permanence, frequently continued for long periods and thus itself created a protracted state of impermanence'. They concluded that although the local authority shared responsibility for the child, Social Services barely had any control over what happened in these placements and provided little support to the 321 participant families, whose children included those in care for abuse or neglect, or as a result of behavioural problems. Pinkerton (1994) surveyed all children and young people (n=557) who were 'home on trial' on the 1st November 1988 in Northern Ireland. It was concluded that the brief, time-limited and systematically monitored placement suggested by the term 'home on trial' did not exist in Northern Ireland. Instead, what existed was 'home in care', a family

placement monitored for an indefinite period of time, with barely any support provided by social services.

Contemporary research reinforces the currency of these concerns. An exploratory study by Broadhurst and Pendleton (2007) found no correlation between placement stability, duration of placements at home, and the discharge of Care Orders. In interviews with seven families, parents reported: dissatisfaction with social work interventions, which typically comprised statutory visits and monitoring; frustration and a sense of intrusion at the continuation of the Care Order for lengthy periods, despite the family offering a stable placement; and feelings of disempowerment because of delayed discharge of Care Orders. In five of these families, children had been at home under a Care Order for over three years. Birth parents in the 'Care Pathways and Outcomes Study' were also unclear about the function of the Care Order in respect of children returned home (McSherry *et al.*, 2013).

Reasons for the existence of a Care Order when returning children home have also been identified in terms of giving social workers greater control over the planning and timing of the returns, and also more planning after the child returns home. For instance, Wade *et al.* (2011), in their study of maltreated children, found that for the 'children who returned home on a Care Order, every dimension of planning was stronger than for children who went home after a period of voluntary accommodation, for whom planning was either less consistent or less within the control of social workers' (Wade *et al.*, 2010, p.4). However, it was also found that re-entry to the care system was more likely for the children who had returned home subject to a Care Order than for those who were no longer subject to one.

Thus, although some recent studies have focused on children who return home and how they fare, the function of the Care Order, and the experiences of families living in these circumstances, has not been fully explored. This study attempts to address these gaps in our understanding of this aspect of social work planning, and to explore these issues in the context of Northern Ireland, with a view to these findings being relevant to practice in Great Britain, where the legislative frameworks are very similar. The following chapter details the study methodology.

3. Methodology

Design

A catch-up retrospective longitudinal design (Robins, 1978) was applied, and the study was conducted in two parts. In Part 1 of the study, a sample of children living with their birth parent/s on a Care Order was identified at one point in time, and their social work case files were reviewed retrospectively. Social workers were then contacted by telephone to fill any gaps in the case file review. In Part 2, a sub-sample of these children and their parents were interviewed.

Sample

Inclusion criteria: Children subject to a Care Order who were living with their birth parent/s on 31st March 2009.

Exclusion criteria: Children living with their birth parent/s on an interim Care Order.

Sample selection: Each of the five HSC Trusts in Northern Ireland were asked to identify all children who were living with their birth parents on a Care Order on 31st March 2009, and the distribution of cases is illustrated in Table 3.1.

Table 3.1. Number of children at home on a Care Order 31/03/2009 by HSC Trust

Health and Social Care Trust	Number of children at home with Care Orders on 31 st March 2009
<i>Belfast</i>	<i>47</i>
<i>Southern</i>	<i>33</i>
<i>South Eastern</i>	<i>23</i>
<i>Western</i>	<i>31</i>
<i>Northern</i>	<i>59</i>
<i>Total</i>	<i>193</i>

To date, government statistics in Northern Ireland have not specified the number and percentage of Looked After children living with their birth parents on a Care Order. Statistics provided by the

Northern Ireland Statistics and Research Agency (NISRA) (DHSSPS, 2009) indicated that on the 31st March 2009, there were 2,463 Looked After children in Northern Ireland. Of those, 467 (18%) were described as 'living with family'. The data presented in Table 3.1 indicates that of this 'living with family' group, 41 per cent were living with birth parents on a Care Order, and that this 'at home in care' group represents 8 per cent of the total Looked After population.

The original research proposal had specified a passive consent approach to accessing case file materials. However, although ethical approval was given for this approach by the Office for Research Ethics Committee in Northern Ireland (ORECNI), which has statutory authority on these matters, this was not permitted by the HSC Trusts during the research governance process, and consequently it was necessary to adopt an active consent process. Consent was sought from birth parents and young people 16 years and older to access the social work case files for all 193 cases specified in Table 3.1. Given that these families are considered a hard-to-reach group, this active consent approach reduced our capacity to review case file material for this total population. Table 3.2 presents the number of cases across the five HSC Trusts where consent was obtained to access the files.

Table 3.2. Number and % of consents to access case files by HSC Trust

Health and Social Care Trust	Number of consents	% of total cases
<i>Belfast</i>	7	15
<i>Southern</i>	10	30
<i>South Eastern</i>	11	48
<i>Western</i>	9	29
<i>Northern</i>	10	17
<i>Total</i>	47	24

The research team conducted file search reviews for 24 per cent of the total population of children who were living at home on a Care Order on the 31st March 2009 (see Table 3.2). This level of active consent is reflective of other research studies in this area in Northern Ireland (McSherry *et al.*, 2013).

Consent was also sought from all the birth parents and young people who agreed for their files to be reviewed to take part in a face-to-face interview with the research team. Table 3.3 shows the number of young people and birth parents who consented to be interviewed. In each case where

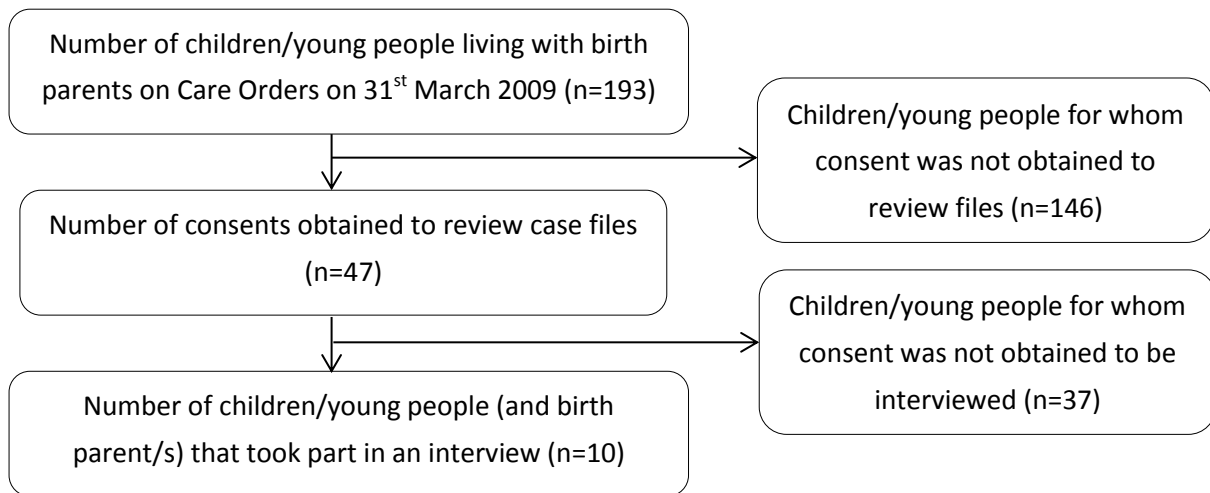
consent was given, an interview was conducted. As with the case file reviews, an active consent process was adopted for the face-to-face interviews, and the numbers of consents received is reflective of how challenging this approach can be when dealing with a particularly hard-to-reach group.

Table 3.3. Face-to-face interviews by HSC Trust

Health and Social Care Trust	Number of consents	Family members interviewed
<i>Belfast</i>	<i>2</i>	<i>Two young people and their birth mothers</i>
<i>Southern</i>	<i>0</i>	
<i>South Eastern</i>	<i>3</i>	<i>Three young people and their birth mothers. Two of the young people were siblings.</i>
<i>Western</i>	<i>3</i>	<i>Three young people. Two of these were siblings and birth mother and father were also interviewed. For the other, the birth mother and father were also interviewed.</i>
<i>Northern</i>	<i>2</i>	<i>Two young people. The birth mother of one of them was interviewed too.</i>
Total	10	24

Figure 3.1 summarises the numbers that were recruited in each of the two phases of the study. The reasons why families did not consent to their case file material being reviewed or to being interviewed are not known, as this was not recorded by social services.

Figure 3.1 Flow chart of recruitment to the study



Data collection

Social work case file review

In Part 1 of the study, in order to assess the appropriateness of pre-return care plans and applications for the discharge of a Care Order, or the reasons for a child remaining in the care of the birth parents during care proceedings and following the making of a Care Order, it was important to benchmark the concerns that led to a court deciding that a child had suffered or was at risk of suffering significant harm. For those children that were removed from the care of the birth parent/s and subsequently returned home, it was important to examine the changes that occurred since the Care Order was made, and which resulted in a decision to return the child to the birth parent/s. Therefore, information was collated from the social work report produced when the Care Order was made and the LAC review minutes, which document the decision to return the child(ren), as well as the pre-return care plan. In addition to documenting the original concerns resulting in the Care Order, the court report provided information on the support offered to the family in the past and the problems encountered in securing the child's safety and well-being via alternate means such as family support.

Data collected from LAC reviews and care plans provided information on: i) changes made relating to areas of concern, including changes in perceptions of parental cooperation; ii) extant concerns and the support needed to address these; iii) perceptions of the need for ongoing monitoring; and iv) conditions under which the HSC Trust would be confident about seeking a discharge of the Care Order. LAC review forms were also examined between the making of the Care Order up to the point where the case files were reviewed, providing a continuous record of the progression of the child's placement with the birth parent/s, and professional decision-making regarding the placement. Gaps

in the information recorded were completed when contacting social workers by telephone, and to ascertain the most up-to-date placement for that child/young person.

Semi-structured interviews with birth parents

In Part 2 of the study, in order to examine the extent to which the care plan was delivered and how it was experienced by children and birth parents, semi-structured face-to-face interviews were conducted with birth parents and children/young people. Where children remained living with their birth parents, the parents and children were interviewed at the same time, but in different rooms to ensure privacy of response for both. Where birth parents alone were interviewed, these occurred at their home. Where young people were no longer living with their birth parents, these interviews occurred at the young person's home.

Interviews with birth parents were audio-recorded with their permission. Interviews lasted approximately one hour. These focused on:

All birth parents

- Their understanding of the reasons why the HSC Trust decided that reunification was appropriate (what had changed); why the child remained in their care during and after care proceedings (if this was the case), the function of the Care Order; their understanding of what needed to happen or change (or had already happened or changed) in order for the Trust to apply to the court for a discharge of the Care Order;
- What support they had received from social services since the child was returned to their care; their perception of the relevance and effectiveness of these supports (if any), and perceived gaps in the support they needed;
- What it had been/was like for the birth parents to resume the care of their child, or continue to care for the child during and after care proceedings, including what had or had not gone well; how they were coping now.

Additional issues for those with children still at home:

- Their perceptions of their own ability to cope with their responsibilities in caring for their child;
- Their perceptions of their child's behaviour, health, progress at school and general well-being; their child's relationship with others.

Additional issues for those whose children had subsequently entered foster care or residential care

- Their views on the reasons for their child being placed in foster or residential care.

Semi-structured interviews with children and young people

These interviews focused on how young people had experienced either returning to the care of their birth parent/s, remaining with the birth parent/s during care proceedings and following the making of the Care Order, or where they had subsequently gone into foster or residential care after living at home on a Care Order. The interview focused around a schematic image developed by the research team entitled 'My Life Trail'. This depicted a pathway through a field, with a start point to represent when they were born, and an end point to represent where they lived currently. The page also specified the following text "Please tell us about the different places where you lived, who you lived with, what it was like and how you felt". For young people aged 16 and over, they tended to use the schematic image to verbally tell their story, with the researcher guiding them at various points to recount how they felt. Children under the age of 16 were encouraged to make specific transitional points on the pathways with a pen/marker, and then were encouraged to talk about those different placements and how they felt at the time.

Interviews lasted approximately one hour and were audio-recorded with the permission of the participants.

Recruitment process

Stage 1: Case file review

After obtaining ethical approval for the study from the Office of Research Ethics Committees in Northern Ireland (ORECNI) and each HSC Trust Research Governance Committee, all 193 cases where a child had been living with birth parents on a Care Order on the 31st March 2009, identified by the five HSC Trusts, were selected for recruitment. Each HSC Trust was provided with a pack of initial letters to be sent to the children's birth parent/s, or the young person if they were aged 16 or over, on behalf of the research team. The letter explained the purpose of the study and outlined the key dimensions, namely, scrutiny of social work case file material (LAC Review, social work court report, and care plan) by the research team. The letter informed them that the HSC Trust would contact them after a two week period to ascertain whether or not they were consenting to the research team accessing the case files. After the two week period, they were contacted again by the HSC Trust, and where consent was given, this was recorded and details of the location of the case files were returned to the research team. The research team then made contact with the relevant social work team to arrange access to the files. This review process took place between 15/09/2011 and 30/10/2012 (29-41 months after the 31st March 2009). After the file searches were conducted, the social workers identified in the case files were contacted by telephone, in order to fill gaps in the information collected about the cases, and to identify the current placement of the child/young person.

Stage 2: Interviews with birth parents and children/young people

Following the completion of the case file analysis, the children's birth parents and those young people aged 16 and over were sent information sheets by the HSC Trust, on behalf of the research team, seeking consent to participate in interviews. In the letters to birth parents, if the child was under 16 years of age, an information sheet was also included for these children. As with the initial letter seeking consent to access case files, these information sheets introduced the research team (picture of the team included), specified the issues that the research team wanted to address during interviews, and indicated that the HSC Trust would contact the birth parents or young person again after two weeks to ascertain if they consented to be interviewed by the research team. After a two-week period, the HSC Trusts contacted these families again, and recorded where consent had been given. They also asked if they consented to being contacted directly by telephone by the research team to arrange an interview. The HSC Trusts then forwarded the telephone numbers for those birth parents and young people who had consented.

Before the interviews commenced, the researchers went over the information sheets with the parents and/or the children/young people, and they were asked to sign consent sheets (separately for parents and children/young people).

Analysis

Data was independently extracted from LAC review minutes, social work court reports, and care plans by two researchers, using a pro-forma coding template. The data was entered into an Excel sheet and descriptive statistics were used to map variations in practice. Semi-structured interviews were digitally recorded, with the permission of participants. Interviews were transcribed in full and input into the software program NVivo. Content analysis was used, and a number of coding themes were identified. Data from parents and young people were linked to find any discrepancies and commonalities between them.

4. Case file review analysis

The children / young people and their families: Background characteristics

Case file reviews were conducted for 24 per cent (n=47) of the total population of 193 children who were living with their parents on a Care Order at a particular census point (31st March 2009). These were conducted between September 2011 and November 2012, 30 to 41 months after the census point. Interviews were also conducted with the social workers specified for these cases between March and October 2013, 48 to 54 months after the census point. This allowed for the census cases to be tracked over quite a long period, which was particularly important in terms of understanding how placements at home progressed.

Most of the young people were female (64%; n=30), and they were aged between four and 22 years at the time of the interview with their social workers (mean age of 17 years), with 70 per cent being over 16 years old (n=33) (see Table 4.1). There were eight sets of two siblings in the sample.

Table 4.1: Young people that took part by age at survey

Age range	N	%
Over 18	22	47
16-18 yrs	11	23
12-15 yrs	4	9
4-11 yrs	10	21

Only one child/young person had no siblings, the others had a number of full and half siblings (ranging between one and 14). In terms of family histories, as displayed in Table 4.2, in most instances, one or both parents had a history of alcohol abuse (89%), and came from families experiencing domestic violence (70%). More than half had parents suffering from mental health problems (55%), and more than a quarter had parents that had drug addictions (34%). A few had a family history of sexual abuse (17%), and in some families, there was a history of offending (25%). The majority of families (91%) displayed more than one of these issues.

Table 4.2: Young people that took part by family history

Family history of	N	%
Alcohol abuse	42	89
Drug abuse	16	34
Mental health	26	55
Domestic violence	33	70
Offending	12	25
Sexual abuse	8	17
More than one	43	91

The care histories

Placements

The young people's care histories varied widely. While the majority of children (68%; n=32) had only a handful of placements (3 or less), a significant proportion (32%; n=15) experienced a large number of placement moves and different placements (i.e. between 4 and 12), with 21 per cent (n=10) having over five different placements.

Some had moved with siblings, but others had not. The age of the young people when they became first Looked After ranged from a few days old to 15 years (mean = 6 years), with just over two fifths of the children being less than four years old (43%; n=20) (see Table 4.3). There was a gap between age at entry to care and age when the Care Order was made, with young people being between four months old and 16 years (mean = 8 years), with most children being eight years and over (55%; n=26) (see Table 4.3). On average, young people had entered care two years before the Care Order was made (max=12.2 years; min=0.3 years).

Table 4.3: Young people's age when first Looked After and at time of Care Order

Age range	LA (n)	%	CO (n)	%
12-16 yrs	4	8	9	19
8-11 yrs	12	26	17	36
4-7 yrs	10	21	12	26
0-3 yrs	20	43	9	19
Not known	1	2	0	0

The main contributory factors for the young people entering care and for the making of the Care Order were: parental alcohol abuse; domestic violence in the home; inconsistent parenting or inadequate care and supervision; neglect; and parents' failure to protect the child/ren. Other common factors were: child/ren's poor/non-school attendance; confirmed or suspected physical abuse; emotional abuse/harm; parents' lack of cooperation or engagement with the HSC Trust; parental mental health; and potential/risk of/suspected sexual abuse (See Table 4.4). There tended to be more than one factor involved.

Table 4.4: Contributory factors for becoming LA/making of the CO

Reasons	N	%
Parents' alcohol abuse	29	62
Domestic violence	23	49
Inconsistent parenting/inadequate care or supervision	17	36
Neglect	13	28
Failure to protect	10	21
Emotional abuse/harm	9	19
Confirmed or suspected physical abuse	8	17
School attendance	7	15
Lack of cooperation/engagement	6	13
Parental mental health problems	6	13
Suspected sexual abuse	9	19

Young people were removed from the care of their parent/s when they were between a few days and 16 years old (mean = 7 years), with over half being less than eight years old (55%; n=26) (see Table 4.5).

Table 4.5: Young people's age when they were removed

Age range	N	%
12-16 yrs	7	15
8-11 yrs	14	30
4-7 yrs	9	19
0-3 yrs	17	36

The young people were removed to a range of placements, but most were placed in foster care in the first instance (64%; n=30; 7 of them were voluntarily accommodated), while others were placed in kinship care (32%; n=15), and two went into residential care. For eight young people, adoption had been considered as their long-term plan at some stage in their lives, and this plan had been achieved for three of them, whereas the rest had returned to live with birth parent/s instead.

Returns home

Regardless whether home placements had endured or disrupted, most young people returned home at only one single point in time (74%; n=35), whereas a few returned to live with one or both birth parents on several occasions, with the home placement breaking down at least once (n=12; 26%).

For most young people, whether they had returned just once or more than once, their last home placement had remained stable (at least until they reached 18 years of age) (64%; n=30), but it had broken down for over a third of them (36%; n=17). Of the 30 children and young people whose last placement home had remained stable, 80 per cent had returned once before (n=24; 11 of them when they were teenagers, i.e. between 13 and 17 years of age).

A variety of factors contributed to the young person's return home (see Table 4.6). Young people usually returned after their parents had been engaging with a range of social work supports and a parenting assessment had been completed. Other main factors were: parents had stopped or controlled their alcohol or drug abusive consumption; mother and father were not living together anymore and had terminated their relationship (lowering the risk of domestic violence, or one of the parents who had been the risk for the child was no longer there); positive contact and good attachment of child with parent/carer; and successful return of siblings. Usually, more than one of these reasons was specified. However, in one in five cases, it was the young person who initiated the move, rather than social services. It was also concerning that in one in ten cases, the main reason for the return was that the previous placement had broken down or suddenly terminated (e.g. granny died) and there was no alternative placement available. In five cases, the reasons for the return were not clear from the case file analysis.

Young people were aged between 10 months and 17 years old (mean = 10 years) when they first returned home; and most of them were aged 12 years old and older (51%) (see Table 4.7). The length of time that young people stayed at home under a Care Order ranged from two months to 16 years (mean = 4).

Table 4.6: Contributory factors to children returning home

Reasons	N	%
Family engagement in supports	12	26
Completed parenting assessment	10	21
Stopped/controlled addictions	10	21
Parents not living together anymore	10	21
Young person initiated move	9	19
Positive contact/good attachment	8	17
Placement breakdown & no alternatives	5	11
Successful return of siblings	3	6
Reasons not clear from analysis	5	11

Table 4.7: Young people's age when first returned home

Age range	N	%
12 yrs & over	24	51
8-11 yrs	4	9
4-7 yrs	10	21
0-3 yrs	9	19

Home placements broke down at some point for 49 per cent young people (n=23; 12 having returned home more than once before and 11 having returned once but the placement failed). Breakdowns were caused by: parental alcohol and/or drug abuse; young person's risk-taking and challenging behaviours and parental inability to control these; parents' inability to meet child's educational and health needs (e.g. poor school attendance, child not doing homework, child's poor diet, child's health problems that were undiagnosed); domestic violence; deterioration of parental mental health; signs of neglect; child's allegations of physical abuse/assault against parent; and

concerns about young person's mental health and emotional wellbeing (child self-harming, attempted suicide) (see Table 4.8).

Table 4.8: Reasons for breakdown of home placements

Reasons	N	% of breakdowns
Parental alcohol and drug abuse	11	50
Parental inability to meet child's needs	6	27
Child's diff behaviours and parental inability to deal with them	4	18
Further signs of neglect	2	9
Young person's poor mental health	2	9
Domestic violence	2	9
Child's allegations of physical abuse	2	9

Care Orders

Care Orders were no longer in place for 60 per cent of the young people (n=28). For these young people, Care Orders had lasted between two and 13 years, with an average of six years. For two thirds, the Care Order had expired when they turned 18 (n=19) (see Table 4.9), and for the remainder, it had been removed when they were between 4 and 18 years old (mean = 14). In these cases, the reasons for removing the Care Order were: no concerns in the family and improvements had been made (n=6), adoption (n=2; plus an extra child was about to get a Freeing Order), and Residence Order (n=1).

Table 4.9: Young people's age when CO ended

Age range	N	%
18 yrs	19	68
14-17 yrs	5	18
9-13 yrs	2	7
4-8 yrs	2	7

For the 40 per cent of cases (n=19) where the Care Order was still in place, the current concerns were: parental alcohol abuse (relapsing, episodes, etc); contact issues and difficult relationships between parents and their families; parental mental health problems; neglect; older sibling's

behaviour within the home; child's school attendance and behaviour at school; child's vulnerability due to learning needs and/or sexually harmful behaviour or poor emotional wellbeing; poor level of children's supervision; parental lifestyle; and lack of extended family support.

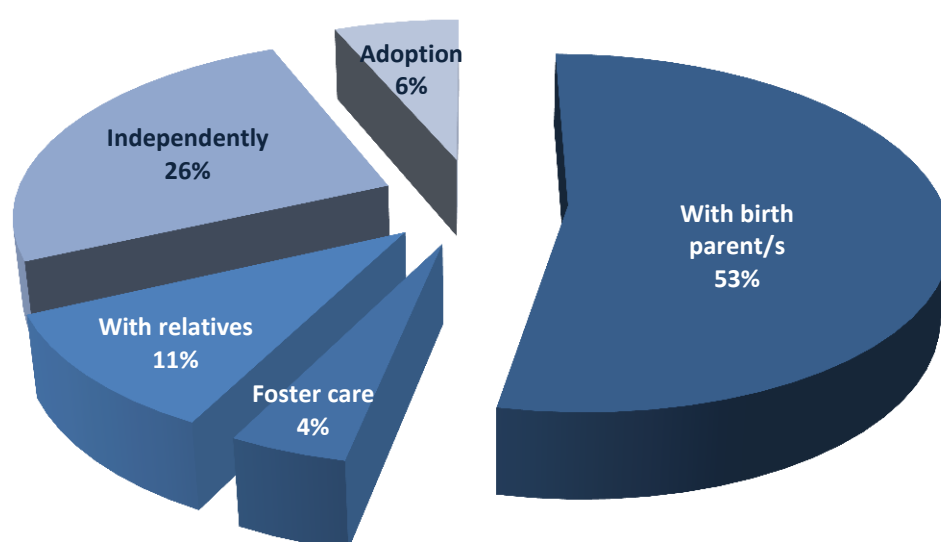
Table 4.10: Contributory factors for Care Order remaining in place

Reasons	N	%
Parental alcohol abuse	8	42
Contact issues/diff rel between parents	4	21
Child's vulnerability / poor emotional wellbeing	4	21
Poor level of supervision	2	10
Lack of extended family support	2	10

Current placements

At the time of interview with the social workers, over half (53% n=25) of the young people were living with one or both birth parents (in one case with a father holding a Residence Order), two (4%) remained in foster care, five (11%) lived with relatives, 12 (26%) were living independently, two had been adopted and one was in a pre-adoptive placement (6%).

Figure 4.1. Young people's current placements



Of the young people aged 16 and over, 36 per cent were living independently, while 51 per cent were living with their birth parents (n=17). Of the children under 16, over half (57%) were living with their birth parents, while the remainder were either living with relatives, in foster care, or were being adopted.

Supports provided

The supports that had been provided to these families were wide-ranging. Most young people had had a 16+ personal advisor or/and a VOYPIC² mentor, and support from the 16+ Pathway team. Many were also receiving financial supports (e.g. tenancy support, education maintenance allowance, driving licence, etc.). Some children and young people had received learning support (e.g. tutoring via Fostering Achievement, classroom assistants, after school work or a careers advisor at school). Other supports children and young people received were: counselling or psychological services such as Child and Adolescent Mental Health Services (CAMHS); speech therapist; services to help with their addictions (e.g. Drugs and Alcohol Youth Service, Community Addictions Team, DAISY Project in Opportunity Youth); life story work; NSPCC Insight Project; Linx Project. A small number of young people were offered some of these supports, but did not engage with them (8%) (see Table 4.12). Birth parent/s had received supports, such as: parenting education or skills programmes; parenting assessments; social work and family support packages (sometimes involving weekly visits from social workers and support workers); psychological and counselling services; a range of treatments for alcohol and substance abuse (e.g. Addiction Treatment Unit, Community Addictions, AA meetings, group therapy and detox programmes); respite care (e.g. formal respite, play care, summer schemes, child minder); Women's Aid courses; and financial support. A few birth parents were offered some of these supports but did not engage with them (15%) (see Table 4.11).

Table 4.11: Supports provided for parents

	N	%
Social work/family support packages	29	62
Treatments for alcohol/drug abuse	20	43
Respite care	13	28
Psychological/counselling services	12	26
Parenting assessments	11	23
Parenting education/skills programmes	8	17
Other supports from organisations e.g Women's Aid	7	15
Parents offered supports but not engaged	7	15
Financial supports	3	6

² The Voice of Young People in Care (VOYPIC) is a voluntary organisation that aims to improve the lives of children and young people cared for away from home, and offers services to care experienced young people such as advocacy and mentoring.

Table 4.12: Supports provided for children and young people

	N	%
Psychological/counselling services	21	45
Advisors/mentors and support from 16+ Team	18	38
Financial supports	11	23
Other supports from organisations e.g NSPCC, Lynx	9	19
Learning support at school / Educational supports	7	15
Skills programmes / training/employment support	5	11
Treatments for alcohol/drug abuse	4	8
Child/YP offered supports but not engaged	4	8
Speech therapist	3	6

Children's and young people's outcomes

Young people had a range of current and past health problems: behavioural problems (e.g. challenging and aggressive behaviours, temper tantrums, anti-social and criminal behaviours, etc.) (n=18); mental health problems (e.g. depression, self-harming, low mood, suicidal attempts, anxiety, PTSD) (n=9); risk-taking behaviours (i.e. sexualised behaviours, alcohol and substance abuse) (n=9); asthma (n=5); eczema (n=4); weight problems (n=4); attachment difficulties (n=3); tooth decay (n=2); developmental delay; delayed speech problems; glue ear; hearing impairment; etc. However, for many, some of these problems were no longer an issue (n=15). For others, these still persisted. As the young people grew older, risky and challenging behaviours were common for nearly a third, with some offending, displaying anti-social behaviours and being arrested several times, misusing alcohol and other drugs, entering damaging relationships (with domestic violence), etc.

While eight young people were not in education or in employment but were looking for a job, 70 per cent were in education or training (n=33), and three were in employment. A few had continued their education and were at university (n=3) or college (n=4). Four had children of their own, and were caring for them, and four were pregnant or were about to become a father. Of the four parents, two were lone parents, while the other two were living with their partners.

Categorizing the children and young people

The range of cases analysed were of great complexity and diversity, and did not lend themselves to obvious categorisation. Nevertheless, predominant patterns of care careers were ascertained, despite them not being mutually exclusive. Thus, based on the age when they returned to live with birth parent/s and the stability of their home placements, four groups of children/young people were identified:

1.- **Children return home group** (n=13): This group refers to the young people that returned home when they were young children (<13 years old) and remained at home.

2.- **Adolescent return home group** (n=14): This group refers to the 11 young people that returned home once when they were teenagers (i.e. over 13 years of age) and remained at home. There were three other young people who returned at that age but had not remained at home.

3.- **Home and away group** (n=8): This group refers to the young people that returned home once when they were young children but the placement home did not work out and ended living long-term with foster carers, kinship carers or had been adopted.

4.- **Yo-yo group** (n=12): This group refers to the young people who had returned home on several occasions (not just once). For five of these, the last return home was still stable at the time of the research.

Tables 4.13 to 4.16 describe the different cases within each of the groups. Pseudonyms are being used for the young people that took part.

Children return home group

This group of 13 young people (7 boys and 6 girls), which includes four sets of siblings (one of which comprised of twins), had all returned home to live with their birth parents before the age of 13 and had remained there since, although four of them had fluctuated between living with their mother and their father. They entered care at a young age (i.e. under 10 years old) primarily due to parental alcohol abuse, domestic violence and neglect (see Table 4.13).

Over two thirds had stayed in the same placement before returning to live with their birth parents (n=9). They returned home in less than three years of being removed, usually because their parents had stopped abusing alcohol or they were no longer together (as the abusive parent had left the home). Their parents had engaged in the supports provided by social services and/or completed a parenting assessment. All the families had received comprehensive and extensive levels of support. All the young people were still living with their birth parents. However, nine were still subject of a Care Order. The concerns for Care Orders to remain included: parental intermittent alcohol misuse

(n=6), neglect (n=2), contact issues (n=2), and poor supervision (n=2). In terms of the children's education, they were all still in full-time education, although many were either 'at the low end' of their class and needed learning support, or had Special Educational Needs (SEN). The twin sisters Nicole and Emily had a moderate learning disability. However, five were considered to be doing particularly well at school in terms of attainment. As for health problems, most were healthy, but there were some with physical conditions (asthma n=3; eczema n=3), and some had behavioural problems (n=4).

Adolescent return home group

This group of 14 young people (3 boys and 11 girls), which includes two sets of siblings, had all returned home to live with their birth parents in their teenage years, when they were aged 14 years and over. They entered care at a wide range of ages (between 4 and 15 years old) due to different reasons, the most common being parental alcohol abuse, inadequate supervision, and school non-attendance (as well as the child's and siblings' risk-taking behaviours) (see Table 4.14).

Nearly three quarters had stayed in the same placement before returning to live with their birth parents (n=10), but one of them (i.e. Sarah) had as many as eight different placements before returning home. According to their case files, some returned home because their parents had stopped abusing alcohol or they were no longer together (as the abusive parent had left the home), but over a third of them (n=5) initiated the return themselves; sometimes without the agreement of social services. Most families had been offered comprehensive and extensive levels of support, but many had not engaged with these services. Half of the young people were still living with their birth parents (n=7), one third was living independently (n=5), one young person (i.e. Joanne) was living in supported accommodation, and another (i.e. Grace) was living with her grandmother. For the majority, the placement at home had remained stable until they were 18, but for Sarah, Joanne and Grace, it had broken down before that point. In most cases, the Care Order had expired when they turned 18, but in three cases, it was removed when the young people were aged between 16 and 17.

Half of these young people did not appear to have had any major health or behavioural problems (n=7), while almost half had displayed challenging and risk-taking behaviours (e.g. alcohol/drug abuse, sexualised behaviours) (n=6; with Anna having been arrested for offending behaviours), three had mental health problems, including self-harming, Michael had asthma, Aoife had delayed speech as a child, and Nicole had severe learning difficulties. Some had presented with more than one of these problems. Only Ciaran appeared to be in full-time employment, three were not in employment or education, and the rest were either in training or education. Kirsten and Rebecca were at university. Sarah and Anna were pregnant at the time of the social worker interview, and Grace and Maisie already had a child each.

Table 4.13: Children return home group characteristics (n=13)

	YP's pseudonym	Age at survey (yrs)	Age at entry (yrs)	Reasons for entry	Level of support	N of pl out of home	Reasons for return	Age at return (yrs)	CO? (age removed)
SIBLINGS	Sally	10	0.3	DV, alcohol abuse, mental health, neglect, emotional abuse	Extensive	1	Changes in the home	2	CO
	Justin	12	2	DV, alcohol abuse, mental health, neglect, emotional abuse	Extensive	1	Changes in the home	4	CO
SIBLINGS	Chloe	21	10	DV, alcohol abuse, emotional abuse, failure to protect	Comprehensive	1	Changes in the home	12	17 yrs
	Megan	17	6	Potential sexual abuse, emotional abuse, DV, alcohol abuse	Comprehensive	1	Changes in the home	8	16 yrs
	Sean	12	3	Alcohol abuse, emotional abuse, neglect	Extensive	1	Engagement with supports, changes in parents	4	CO
SIBLINGS	Nicole	17	10	Poor supervision, child's sexualised beh, risk of sexual abuse, DV, emotional abuse, etc	Extensive	2	Engagement with supports, child's wishes	12	CO
	Emily	17	10	Poor supervision, child's sexualised beh, risk of sexual abuse, DV, emotional abuse, etc	Extensive	2	Engagement with supports, child's wishes	12	CO
	Greg	7	0.1	Non-accidental injuries	Extensive	1	Changes in the home. Supports	1	4 yrs
SIBLINGS	Darragh	10	2	DV, alcohol abuse, neglect, emotional harm, potential physical harm	Extensive	1	Engagement with supports, changes in parents	5	CO
	Bronagh	11	3	DV, alcohol abuse, neglect, emotional harm, potential physical harm	Extensive	1	Engagement with supports, changes in parents	6	CO
	Ronan	16	0.2	DV, alcohol abuse	Comprehensive	1	Changes in parents	3	CO
	Will	11	0	Alcohol abuse, DV	Comprehensive	3	Changes in the home	2	CO
	Connor	18	8	DV, poor school attendance, physical/emotional harm, neglect	Mother not engaged. Comprehensive	2	Different parent, not residing with other, assessment	11	13 yrs

Table 4.14: Adolescent return home group characteristics (n=14)

YP's pseudonym	Age at survey (yrs)	Age at entry (yrs)	Reasons for entry	Level of support	N of pl out of home	Reasons for return	Age at return (yrs)	CO? (age removed)	Placement now
Nicole	19	6	Alcohol abuse, DV, neglect, physical abuse	Not engaged	1	Initiated by yp	16	18 yrs	With birth parents
Orlaith	20	10	Poor mental health, alcohol abuse, poor home conditions, school non-attendance	Not engaged	2	Engagement with supports, changes in parent	14	18 yrs	With birth parents
Ciaran	22	11	Poor mental health, alcohol abuse, poor home conditions, school non-attendance	Not engaged	2	Engagement with supports, changes in parent	15	18 yrs	Independently
Aoife	20	4	Lack of supervision, poor stimulation	Not known	1	Not known	??	16 yrs	Independently
Fiona	20	13	Alcohol abuse, inadequate supervision, gambling	Comprehensive	1	Engagement with supports, changes in parent	15	18 yrs	With birth parents
Sarah	21	11	Sexual abuse, neglect, inadequate supervision, failure to protect	Not engaged	8	Initiated by yp	16	18 yrs	Independently
Anna	21	14	Poor school attendance, inadequate supervision, child's behaviour, risk of sexual abuse	Not engaged	1	Initiated by yp	16	18 yrs	With birth parents
Joanne	16	2	Neglect, alcohol abuse	Not known	3	Not known	14	16 yrs	Supported accomm.
Grace	21	15	Alcohol abuse, inadequate supervision, gambling	Extensive	1	Changes in parent	17	18 yrs	With relatives
Maisie	20	11	Alcohol abuse, DV	Comprehensive	1	Changes in parent, successful sibling return	14	17 yrs	Independently
Kirsten	22	11	Alcohol abuse, DV	Comprehensive	1	Initiated by yp, changes in parent	16	18 yrs	Independently
Michael	18	15	Poor parenting, inadequate supervision, older siblings' behaviour, school non-attendance,	Extensive	1	Initiated by yp, unavailability of pl	15	18 yrs	With birth parents
Rebecca	21	4	Alcohol abuse, neglect, Suspected sexual abuse	Comprehensive	1	Not known	14	18 yrs	With birth parents
Ben	18	7	Suspected sexual abuse	Comprehensive	1	Increased contact	15	18 yrs	With birth parents

SIBLINGS

SIBLINGS

Home and away group

This group of eight young people (6 girls and 2 boys), which also includes two sets of siblings, returned home when they were between a few days/months old and 12 years old, but their placements at home had disrupted, and they eventually moved into foster/kinship (n=5) and adoptive placements (n=3) (see Table 4.15). Barbara was living independently at the time of the social worker interview, but had lived long-term with foster carers previously. They all entered care at a young age, the oldest being Barbara at 10 and Leah and Curtis at six years of age, mainly because of alcohol and substance abuse (n=6), domestic violence (n=5), and neglect (n=3). Curtis and Barbara had many different foster and kinship placements (6 and 5 respectively), whereas the others had between two and three before entering a long-term placement.

For most of them, it took less than three years (except for Lorna) to return to live with birth parents, and for all, except in Curtis' case, the reasons for return did not involve parents making changes to their lifestyle or breaking damaging relationships, but more collateral issues, such as mother's release from prison or a breakdown of a previous placement. For most of this group, the supports provided had been extensive or comprehensive, but Lorna and Barbara's birth parents had not engaged with any supports.

All the children and young people had settled well and developed good relationships with their current carers. Barbara had a good relationship with her long-term foster carers, but found it hard to adjust to living on her own after she moved out at age 18. She had a history of poor emotional health (i.e. low self-esteem, self-harming behaviours, attachment difficulties, etc.). Other young people, such as Curtis, Lorna and Leah, had had some behavioural problems, but the remainder did not. They were all in full-time education and progressing well at school, although some like Leah and Curtis appeared to be achieving in the 'lower band' of their class.

Yo-yo group

This group of 12 young people (7 girls and 5 boys) had returned to live with their birth parents more than once, and while half of them had remained at home (until they were at least 18 years of age), for the remaining half, their last placement home had disrupted. All of them were aged over 16 years of age (at survey), except for Mark, who was 13 years old (see Table 4.16).

This is quite a heterogeneous group, with some young people having a history of multiple placements and numerous moves, and a few moving between two placements. They all entered care at a young age, mostly because of alcohol abuse (n=9), domestic violence (n=6), and neglect (n=5). The level of support varied from extensive to poor. Over half had moved to between four and ten different placements, in addition to the placements with their birth parent/s (58%; n=7), while only Mark, Maeve and Catherine had lived with just one other family as well as their birth parent/s. They had all returned to live with one or both birth parents at different stages, but their last return had been in their teenage years (except for Maeve, who went to live with her father at 6

years of age). Four of them had initiated this last return, and for three, it was due to a breakdown or a change of circumstances in their last placement (i.e. grandmother died).

In terms of outcomes, nearly half were still living with their birth parent/s (n=5), nearly half were living independently (n=5), Clare was living with her sister and niece, and Ciara with her stepfather. Care Orders were in place for all those who had not reached the age of 18, and for those who had, the Care Order had expired when they turned 18. As for health and behaviour problems, the majority had a history of challenging and risk-taking behaviours (e.g. alcohol and drug abuse, unsafe sexual relationships) (n=6), criminal and anti-social behaviours (with John and Kevin having been arrested for a variety of offences related to their addictions), and/or mental health problems (e.g. low mood, self-harming behaviours, depression, anxiety, etc) (n=5), although most had overcome these problems at the point of the social worker interviews. Most had left school at a young age, although many of them had returned to education and done or were doing some training courses and achieved some qualifications. Catherine had achieved a first class honours degree in university and was in full-time employment; and Niall was doing his A Levels, Maeve had done her GCSEs and Lisa was re-sitting her A Levels to go to university. Apart from Catherine, no others were in full-time employment, but Kevin was starting his own business and had overcome a history of risk-taking and criminal behaviours, being a young father and entrepreneur living with his girlfriend and two children. Emma also had a child and was living on her own, and Siobhan was pregnant.

Table 4.15: Home and away group characteristics (n=8)

	YP's pseudonym	Age at survey (yrs)	Age at entry (yrs)	Reasons for entry	Level of support	N of pl out of home	Reasons for return	Age at return (yrs)	CO? (age removed)	Placement now
SIBLINGS	Leah	10	6	DV, alcohol & substance abuse, neglect, lack of supervision, risk of emotional harm	Extensive	3	Mother's release from prison	7	CO	With relatives
	Caoimhe	4	0.5	DV, alcohol & substance abuse, neglect, risk of emotional harm	Comprehensive	3	Mother's release from prison	0.8	CO	With relatives
	Lorna	16	3	Neglect, mother's mental health, DV, failure to engage with SS	Parents not engaged	2	Breakdown of placement	10	CO	Foster care
SIBLINGS	Natalie	7	5	Alcohol and substance abuse	Comprehensive	2	NA: At home under CO	6	9 yrs	Adoption
	Daniel	10	0.1	Non-accidental injuries	Comprehensive	2	NA: At home under CO	1.5	4 yrs	Adoption
	Curtis	14	6	Alcohol abuse, DV	Comprehensive	6	Changes in parents and home	7	CO	Foster care
	Barbara	19	10	Inability to protect, inadequate parenting, alcohol abuse	Mother not engaged	5	Different parent. good attachment	12	18 yrs	Foster care now independently
	Kelly	8	0.1	DV, alcohol abuse, non-accidental injuries	Comprehensive	2	Mother committed to care plan	2	CO	Pre-adoptive

Table 4.16: Yo-yo group characteristics (n=12)

YP's pseudonym	Age at survey (yrs)	Age at entry (yrs)	Reasons for entry	Level of support	N of pl out of home	Reasons for return	Age at last return	CO? (age removed)	Placement now
Steve	19	7	Alcohol/drug abuse, school non-attendance, neglect	Comprehensive	3	Changes in parents	15	18 yrs	With birth parents
Kevin	21	9	Alcohol abuse	Extensive	4	Initiated by yp	14	18 yrs	Independently
Mark	13	0.2	DV, lack of engagement with SS	Comprehensive	1	Granny died	13	CO	With birth parents
Niall	17	4	DV, alcohol abuse, neglect	Comprehensive	4	Changes in home/parent	13	CO	With birth parents
John	20	11	Alcohol abuse, inability to protect, inadequate parenting	Extensive	10	Initiated by yp	16	18 yrs	Independently
Emma	20	2	DV, inability to protect, neglect, inadequate parenting	Poor for mother; comprehensive for yp	4	Breakdown of placement	14	18 yrs	Independently
Maeve	17	0.1	Parent mental health	Not engaged	1	Changes in parent & granny died	6	CO	With birth parents
Clare	20	0	DV, alcohol abuse, neglect	Some	7	Initiated by yp	16	18 yrs	With relatives
Ciara	21	1	Alcohol abuse	Extensive	3	Not explained	13	18 yrs	With relatives
Catherine	21	??	Alcohol abuse	Comprehensive	1	Initiated by yp	15	18 yrs	With birth parents
Lisa	17	5	Neglect, alcohol abuse, DV	Comprehensive for child	5	Different parent, good relationship	15	CO	Independently
Siobhan	18	3	Alcohol abuse, DV, potential physical abuse	Extensive	7	Changes in home/parent	12	18 yrs	Independently

Summary

The case file review revealed a very complex and diverse range of cases. The children and young people whose cases were reviewed had experienced very different care careers. However, some commonalities were found. For instance, the majority of young people were coming from families with histories of alcohol abuse, domestic violence and mental health problems. Many had entered care due to these problems, as well as neglect and lack of supervision, and had lived with foster and kinship carers, before returning home, and spending some time at home on a Care Order. The majority were still living with one or both birth parents. For most young people, the Care Order had remained in place until they were 18 years of age. They differed in terms of the age ranges when they entered care and were removed from home, when they returned home and at survey; the number of placements they had; the reasons for returning home; the length of time they were living at home under a Care Order; and whether the 'at home' placements had remained stable or not.

In order to make sense of these differences, the cases were categorised into four types which, despite their internal differences, displayed some commonalities. The four types were: (1) the *children return home* group (n=13) (i.e. young people that returned home once at a young age and remained at home); (2) the *adolescent return home* group (n=14) (i.e. young people that returned home once when they were teenagers); (3) the *home and away* group (n=8) (i.e. young people that returned home at a young age but placement failed and ended up living with other carers); and (4) the *yo-yo* group (n=12) (i.e. young people who had returned home more than once). When comparing the four groups, a few observations can be made:

- Two groups had a much larger representation of girls than boys, i.e. the *adolescent return home* and the *home and away* groups.
- The *yo-yo* group had a higher proportion of young people who had lived in numerous placements other than with their birth parents.
- A higher proportion of young people in the *adolescent return home* group had been removed from the care of their birth parents as a result of poor supervision/ inadequate parenting, and poor school attendance.
- In the *children return home* group, all the young people had returned home in less than three years of being removed; whereas in the other groups, there was a proportion of young people for whom it took over three years.
- While in the *children return home* group, most children had returned home because of parents engaging in supports, controlling their addictions or not living together, in the other groups, the most common reasons for children returning home were young people initiating the move, and breakdown or change of circumstances in previous placement.
- The highest proportion of young people whose Care Order had been removed before they were 18 years old was in the *children return home* group.

In the next section, the findings from the qualitative interviews that were conducted as part of the study are described.

5. The interviews

The participants

Interviews with children/young people and their families took place between May and October 2013 (over four years after the initial census of cases). In total, eight families took part in the interview phase of this study, involving ten children and young people aged between 10 and 21 years old, as well as seven mothers and two fathers (see Table 5.1).

Only two of the young people interviewed (Emma and Kevin) were living independently, Joanne was living in supported accommodation, while the others were all living with their mothers. In some instances, it was possible to also interview the birth father separately.

Table 5.1: Interviews

Young person's pseudonym	Interviewees	Young person's age (yrs)
Siblings Sally & Justin	Mother, father and the two siblings	10 & 12
Niall	Mother and young person	17
Steve	Mother and young person	19
Emma	Mother and young person	20
Kevin	Mother, father and young person	21
Siblings Darragh & Bronagh	Mother and the two siblings	10 & 11
Mark	Mother and young person	13
Joanne	Young person	16

The findings are presented under the following headings: entering public care; being in care and placement moves; returning home; education, behaviour, health and lifestyle. It is also worth noting that the experiences described include examples of three of the four groups of cases identified in Chapter 4, i.e. *children return home group* (n=4), *adolescent return home group* (n=1), and *yo-yo group* (n=5). The only group not represented in the interviews is the *home and away group*, which was the smaller group of the four, and included mostly children younger than fifteen years old, as well as three adopted children. In addition, it is the group where most of the young people were living with other carers rather than their birth parents.

The *children return home group* was represented by siblings Sally and Justin, and siblings Darragh and Bronagh.

Siblings Sally (10) and Justin (12) were brought into care at a young age due to concerns regarding domestic violence, their parents' alcohol and cannabis misuse and mental health problems, neglect and poor conditions in the home, and emotional abuse. They and their siblings were placed in foster care (the four older half-siblings in one placement, and Sally and Justin in another). Meanwhile, their mother reported that she had ended her relationship with their father, and wanted to be reunified with the children. Taking into account the assessment conducted by a consultant forensic clinical psychologist, the HSC Trust recommended that reunification would be pursued with their mother, concurrently with adoption in respect of the two children. An initial assessment was undertaken, which progressed to a residential phase with the two children. Risk issues re-emerged during this assessment, and adoption was recommended by the HSC Trust. However, new assessments were conducted, and it was agreed that rehabilitation to mother's care should be the care plan for the children, and a strong support package for rehabilitation was put in place. Their mother maintained a significant period of stability and engaged with the supports and services identified; and Sally and Justin returned to her care less than three years after they were removed. At the time of the interview, they had been living with her for about eight years, and appeared happy to be living at home. The Care Orders remained due to the difficult relationship between their two parents, and the need for support for father's contact, as well as concerns of how an older half sibling's behaviour within the home (alcohol abuse, possession of drugs, aggressive behaviour) affected the children. There had also been referrals regarding their mother in relation to allegations about drugs within the home, mother smoking drugs, and men frequenting the home and staying there.

Siblings Darragh (10) and Bronagh (11) came from a big family (with 14 siblings, six of whom were living with them), and were voluntarily accommodated with foster parents, aged two and three, when they first entered care due to concerns in relation to domestic violence, father's alcohol abuse, neglect, and failure to meet basic care needs. The overall care plan for the children was time-limited assessment, to investigate non-accidental injuries to their younger female sibling. In less than three years, aged five and six, Darragh and Bronagh returned to the care of their birth parents, as preparatory work had been completed by the HSC Trust with the parents, the father had abstained from alcohol, and there were no further incidents of domestic violence. The Care Orders remained due to concerns regarding intermittent and periodic father's alcohol misuse, Darragh's emotional wellbeing, lack of extended family support, and mother's isolation.

The *adolescent return home* group was only represented by Joanne.

Joanne (16) experienced multiple placements and moves during her life. Due to her mother's alcohol abuse and inability to cope with all her children, Joanne and her twin sibling were admitted into care aged five. Since Joanne and her sibling made significant progress while in care, and their mother had not made any effort to facilitate the return of the children to her care, the overall plan was 'long-term placement with foster carers (no return to birth family anticipated)'. Joanne had contact with her mother and siblings. After a number of allegations of poor treatment were made by the children, her foster carer resigned from fostering and the children moved to another foster home, with an overall plan specified as 'long-term placement with foster carers'. After a few moves in foster care, Joanne went to live with her mother first at the age of 14, and then with her father and stepmother. When they separated, she went to live with her stepmother. She eventually came back into care and was voluntarily accommodated, and at the time of the interview, had been living in supported accommodation for a few months.

The *yo-yo* group was represented by Steve, Kevin, Mark, Niall, and Emma.

Steve (19) was removed into foster care when he was seven years old due to his mother's chaotic lifestyle, her addiction to alcohol and prescription medication, the children's chronic non-attendance at school and neglect. He stayed in that placement for less than a year, and returned home with his siblings. A residential parenting assessment was arranged, but this failed, and at the age of eight, he was placed in another foster placement with his older sister, which only lasted for about five months. They were eventually placed together with a maternal aunt and uncle, in what became a long-term kinship placement. Steve had regular contact with his mother. His father was living in England, and kept in touch with him by phone and e-mail. He settled but always expressed his wish to return home to his mother. When his sister went home at age of 16 and the return appeared successful, plans were eventually made for Steve's return home. A full parenting assessment was conducted by NSPCC, which stated that his mother was coping and had control of her alcohol and drug consumption. He returned home when he was 15 years old. On his return home, non-school attendance became a concern, and he had some health problems (asthma returned and throat infections), but these were not considered to be major threats to the home in care placement. However, because of such concerns, the HSC Trust did not discharge the Care Order.

Kevin (21) also experienced multiple placements and moves during his life. When he was nine and a half, an interim Care Order application was made due to his mother's alcohol abuse, but he remained placed with his mother, as no foster placement could be found. Despite intensive support services being provided, the situation for Kevin and siblings deteriorated significantly over the next few months, and they were removed from the family home to foster care when Kevin was 11. He was placed in an initial foster placement, but after five nights, he refused to return. He was then placed with a second foster family and settled well with them. He returned to his mother's care a few months later due to improvements in the home environment, and appeared happy and settled initially, but his behaviour deteriorated and his mother was unable to get him to school. He then availed of respite and enjoyed it. He was re-admitted to foster care (previous foster carers) four months later, as his mother was unable to exercise parental control over him, and he refused to attend school. He changed placement a year and a half later, at 13 years old, and was placed with his third carers. Eight months later, the placement broke down following a heated argument between Kevin and his foster father, as the foster father complained about Kevin failing to adhere to established boundaries. He spent a few nights with his mother, while an alternative placement was sought.

The HSC Trust approached the Children Resource Panel to apply for a place in residential care, working towards a shared care arrangement, but the Resource Panel decided that Kevin was to remain in the care of his mother with intensive support. He then returned to the care of his mother at 14 years old, and stayed there for six months, until he went to live with his father, where he remained for a further seven months, when he had a disagreement with his father and decided to move back to his mother's home. When he was 15, he started to engage in risk-taking behaviours (walking out of school in a regular basis, drinking more often, partaking in anti-social behaviours, etc.). Due to these concerns, he was admitted to a residential unit, and availed of the placement for a few weeks. He was given overnight contact at home with his mother and refused to return to the unit since. While at home, he engaged in more risk-taking behaviours (i.e. smoking cannabis, consuming alcohol, being arrested after been found asleep in a stolen car). The placement with his mother broke down again when he was 16, when he moved to live with father, but he returned to his mother's home shortly after. At age 17, he went to live with his father again. Following problems with father's drinking and difficulties in the relationship between his parents, Kevin moved out a few months later, initially to live with his older sister until he found his own tenancy. However, he went back to live with his father a couple of months after, while still looking at private rented options. When he was over 18, Kevin moved into private rented accommodation. His girlfriend had a baby boy. At the time of the interview, he was living with his girlfriend and son, appeared to be doing well, and had set up his own business.

Mark (13) entered care and went to live with his grandparents when he was two, due to concerns regarding domestic violence and parental refusal to cooperate regarding investigations concerning the potential physical abuse of his sibling. He returned to live with his parents (planned move) when he was four and a half, after they successfully completed a programme of work at a family centre. When he was ten, he went to live with maternal grandparents again (planned move), because of concerns regarding his parents' ability to meet his educational and health needs. His grandmother died soon afterwards, and he went into a shared arrangement between birth parents and his grandfather. At the time of the interview, he was back living with his birth parents full-time for only a few weeks.

Niall (17) was voluntarily accommodated with foster carers at age 4, due to concerns regarding his mother's poor mental health (i.e. she was self-harming and had post-natal depression), domestic violence, and mother's alcohol abuse. Niall returned to live with his mother two years later. A year later, concerns still remained about mother drinking and further signs of neglect. When he was almost eight years old, he was placed in short-term foster care, and moved after four months to another short-term placement where his sister was placed (and with his brother living nearby), with a plan to find a long-term placement. This never materialised. Throughout this period, he had regular contact with his mother and his grandmother. The foster placement broke down after over four years, due to tensions and an allegation made by Niall against his foster mother (allegedly grabbed him by the neck), and he moved to another short-term placement. He found the move to be difficult, but settled gradually. His mother underwent a parenting assessment at this time. Overnight contact with his mother started when he was 12 and a half (mother was married to a new partner at that stage) with a view to returning home. Niall returned home the following year to live with his mother, her husband and his older sister. He had extensive contact with siblings, some of whom were still in care with his grandmother. He settled at home well, but the Care Order remained because of concerns about his mother relapsing in terms of her alcohol abuse.

Emma (20), like Kevin and Joanne, also experienced a range of moves and placements during her life. She was removed from her parents' care at two years old, due to concerns regarding domestic violence and neglect, and returned to their care two months later. This placement broke down again due to domestic violence and neglect issues. At eight years old, she went to live with short-term foster carers, and moved a few times to different short-term carers, until a year later. At nine and a half, she moved to a long-term foster placement with her younger sibling (planned move). They both settled well in this placement, and remained with these carers for several years. At one stage, adoption was recommended by the HSC Trust, as the carers were committed to providing Emma and her sibling with a permanent placement. However, Emma indicated that she did not wish to be adopted at this stage in her life. This decision was ratified by the HSC Trust's permanence panel. When she was 14, the placement broke down due to her challenging behaviours (increasing incidents of alcohol and solvents misuse, not adhering to boundaries) and being beyond carers' control. She then moved to live with her maternal aunt. A few months' later, this placement also broke down due to her behaviour, and she was returned to her mother's care. Her risk-taking behaviours escalated, and she became pregnant. At the time of interview, she was living independently with her son.

The next section explores key aspects of the children's and parents' experiences of being at home on a Care Order.

Entering public care

The experience of the children entering care

All the children and young people interviewed entered care at a relatively young age (see Table 5.2), but most had vivid memories of that time. Some described their experience of being taken away and entering care as very upsetting, scary, and ‘a shock’:

[I felt] sad. I was really close to my mum and dad and being taken away was a shock. I remember being upset at the time and going to visit them. ... I think my mum got a phone call and then we got into .. – I just remember walking outside and me and Darragh getting into the back of my dad’s car and looking back and seeing the rest of them there and really upset, I didn’t really know what was going on. They didn’t tell us.
(Bronagh)

Just like in Bronagh’s (and her brother Darragh’s) case, other children did not understand what was going on. For instance, Joanne thought she was going on a holiday, as her mother and the social worker told her and her twin sister that they ‘were going away for a while’. Steve was not properly informed either about what was happening at the time of the move:

I didn’t know it was foster care, I felt it was just getting out of the house for a while. Social worker explained to me about what all happened and what was coming next [a couple of weeks later].

The first time Kevin was taken into care, he was told that his mother needed a break, but he found it very hard to take, and ran away at the start. He explained he ‘was more scared than anything’. He moved into care a second time when he was 11, but he and his two siblings were then told that they ‘were going away for a respite weekend’. Kevin was still upset with social services for not being honest with them:

This is the thing I will never forget, I’ll never forgive them for – they came out that weekend, a Friday afternoon ... The social worker came out as usual, went into the room to talk to my mother. I could hear my mother crying so I went in to see them. She was in hysterics in the room – just fell apart. They made my ma tell us we were going away for the weekend – they told us we were going away for a respite weekend. ... All three of us got in the car, no coats, not bags, no nothing, just got in the car. So it was only when (the second youngest) he went to (place name) – it was only when we dropped him out there that we overheard a conversation in the kitchen. ... So I knew! ... - this is going to be a long long time. ... Telling a wee one they were going away for the weekend – it was over 3 years before I got back. I was 15 when I got home. I was moved twice before I got home.

Kevin’s mother never understood social services’ decision to take Kevin and his siblings away the first time, and described it as something that happened ‘real fast’. Her description of the children being taken away the second time is very similar to Kevin’s account above:

I hadn’t a notion what it was about. I fought with them – I sat in my own house fighting with them and arguing with them. Then they said, right, we’ll just leave them and not take them in. Then they said they

would take them for respite for the weekend and that was it – they took them for respite for the weekend and I never seen them for another...

She believed her children were severely ‘traumatised’ and distressed by the experience, and missed home. Sally and Justin’s mother was also terribly affected by the way her children were taken into care, and offered a detailed account of the time that they were taken, which was described as very sudden:

I heard, I think it was the day before – I was brought into the family centre me and (father) both. (Father) was living in a flat because he was an alcoholic and a drug user and I couldn’t have him in the house or near the premises. We were both called in because we were the parents of the children and we were told the day before that we were going to court. So we had no time to prepare a case or nothing, and they were just swooped that day. They were allowed to come back, I was allowed to pack their clothes on the day of the court. I was allowed to take them home, pack their clothes, give them their toys and the police and social services landed to lift them.

Other mothers just talked about how they felt. For instance, Steve’s mother was very upset and ‘depressed’, but acknowledged her problems, and tried to get her children back by going into rehabilitation.

Table 5.2: Case file information on the young person’s first entry into care

Young person	Age entry into care (yrs)	Contributory factors for entering care
Sally & Justin	0.2 & 1.8	Domestic violence, parents’ alcohol and cannabis misuse, parents’ mental health problems, etc
Niall	4	Mother’s alcohol abuse, domestic violence, neglect
Steve	7.5	Mother’s chaotic lifestyle, prescription medication and drink, children’s chronic school non-attendance, neglect
Emma	2.1	Domestic violence, mother’s inability to protect and inadequate care, neglect
Kevin	9 & 11	Parental alcohol abuse
Darragh & Bronagh	2.1 & 3.6	Domestic violence, paternal alcohol misuse, neglect, and harm to other siblings
Mark	2.4	Domestic violence & parents’ refusal to cooperate regarding potential physical abuse of sibling
Joanne	5	Neglect and mother’s alcohol abuse

Reasons for entering care

The contributory factors for entering care were wide-ranging but mostly concerned parental problems, as described in Table 5.2. Of all the young people and children interviewed, only Kevin, Steve and Joanne mentioned their parents' problems. In the case of Kevin and Joanne, both their mothers were misusing alcohol, and in the case of Steve, his mother was abusing drugs and alcohol. Joanne remembered social services being involved with her family at the time, and her mother not being able to look after them properly, although 'she tried'.

In contrast, the interviews with the parents appeared to shed more light about their understandings on the reasons for their children entering care. However, while some thought social services were 'right' in their decision, others were more critical.

Sally and Justin went into care because of different factors, including domestic violence, both parents' alcohol abuse and mental health problems. Both their mother and father talked about some of these issues in their interviews. However, there were big differences between both accounts. The father never talked about domestic violence but about 'arguments and rows on both sides', and also mentioned alcohol and drug abuse. In contrast, the mother mostly attributed it to the domestic violence she was suffering, and never mentioned substance abuse. She appeared to put most of the responsibility on the father (in terms of the domestic violence), and to the lack of support given by social services. While the father thought social services did what they were supposed to, the mother thought they could have done more to help her cope:

To be quite honest, they done it right. At the time I hadn't a clue what was going on – looking back now they had every frigging right. Arguments and rows, on both sides, drink, drugs and things like that – they had every right to do it. (Sally and Justin's father)

I understood the reasons why they went away, I understood everything about it. ... Well, the domestic violence. (Son) would have been too small – it would be my older children that would have witnessed more so. He was only two and he didn't know what was happening. (daughter) was only six weeks old. I was looking after the kids myself, all of them, trying to cope with (their father) coming and beating and banging on the door and hitting and thumping at me. It got to the point that (their father) just couldn't even just stay away – he had to continuously keep coming and causing trouble. He was warned to stay away but it didn't work, so they came and lifted the kids and took them into care – all of them – my whole seven – well, six at that stage. ... My family support worker ... came and sat down and drank coffee and smoked fags and talked to me, but there was no support given. ... She knew I was getting flustered because I just had so much on my plate. ... [more support] at that stage - would have helped the kids not even to have to go in to care. (Sally and Justin's mother)

Similarly, although both Kevin's mother and father acknowledged some of the issues and problems they had at the time, they disagreed in whether social services took the appropriate decision or not. While Kevin's father believed 'it was actually the right decision', Kevin's mother felt it all happened very fast, and added to the difficulties they were already having, rather than solving anything:

I didn't want it. I couldn't understand why they were going into care to start off with. I knew – at the time I was suffering from depression and all, and me and (father) had split up, and it wasn't a very good split – things just went out of control real fast – the next thing I knew the wee ones were taken into care.

According to her case files, Emma went into care because of domestic violence and neglect. During the interview, Emma's mother mostly blamed the young person's grandmother (i.e. her father's mother) for Emma and her siblings being taken into care.

In contrast, both Niall's mother and Steve's mother acknowledged that their own personal problems at the time were so significant that they were unable to care for their children:

I can see at the time I wasn't fit for looking after anybody – couldn't look after myself never mind a few kids. Something had to give. (Niall's mother)

... they should have [taken them]. I will hold my hands and say I done my kids wrong. (Steve's mother).

To summarise, parents had some notions as to why the children were taken away by social services, but had different views in terms of whether that decision was justified or not; while only a few of the young people described any parental problems.

Being in care and placement moves

Table 5.3: Case file information on the child's care experience

Young person	First removed to	Number of placements other than home
Sally & Justin	Foster care	1
Niall	Foster care (accommodated)	4
Steve	Foster care	3
Emma	Foster care	4
Kevin	Foster care	4
Darragh & Bronagh	Foster care (accommodated)	1
Mark	Kinship care	1
Joanne	Foster care	3

The experience of being in care

The young people lived with different foster or kinship families (see Table 5.3), and most remembered several moves.

Some young people described the general experience of being in care and moving placements as something annoying, unusual or not normal, and as a loss, as Kevin and Niall portrayed:

It destroys you as a person inside – it's very hard to get back to who you were. You're going to school, sports days – for a wee one, you really do feel it. It's like a sick feeling inside all the time. It's like you've lost all your family. ... With foster parents you feel a lot different. You can't say – I'm going here with my mum and dad, or, I'm going here with my brothers and sisters – it downgrades you as a person. It makes you feel a lot lower than other people. (Kevin)

... it was annoying having to move, trying to settle in to some place, then get moved. There were a lot times I can remember just thinking – I'd love to be normal. Because I didn't feel I wasn't living with my mum, it wasn't normal. Everyone at school – happy families – I couldn't do it. (Niall)

Although Joanne was quite positive about her experience in care, she recognised that the communication with foster carers and that with birth family could never be the same:

I was happy enough staying where I was because I was getting more care there than I would have been at home. ... [BUT] You can talk to your family about things more than you talk to foster carers. Sometimes you are more comfortable with talking to your family about things than talking to your foster carers about things.

Darragh found his time in care 'good' but 'weird', as he needed time 'to get used to' it, while Emma talked about the care experience as involving other people making decisions for her, and placing her 'wherever was available - somewhere you didn't even want to be'. Kevin also talked about people making decisions for him, and about not being properly informed of important decisions, such as being moved:

At the time they didn't tell me either. It was the weekend I came up to (place name D) – I was sitting talking away to (foster dad) and he was telling me – 'are you all set now for your big move?' I thought – 'what?' – he said – 'you don't know, do you?' – I said, 'know what?' – he said, 'you're coming to live here'. I didn't have a clue about it. So your life's being played with. ... I just had to go along with it. It's alright for me, I was always very strong minded no matter what I done, but my wee brothers – Jesus, it destroyed them, wrecked them!

Similarly, Niall explained how he was moved from placement to placement, and he 'can't remember being told why', as social workers would just tell him 'it's time to move, we'll find you a new place, you'll find this place more enjoyable.' On one occasion, according to his account, it was his foster carers who made the decision for him that he was moving to another home. He had been living with them for five years, and he was content with the placement, but they decided to end it:

It got to the point, after the five years it was time to move. ... It just got to the point I was getting too comfortable there, so they had to move me out in case I actually didn't move at all. So I had to move from there. ... It was kind of the carer, the person who had me – and (name) just decided it was time for me to go.

... She had an older daughter – she wasn't really around much, I wasn't really fond of her. It was a big argument with her that ended up/was part of me moving away.

Many young people wanted to return home at some stage during their care experience, and their parents were aware of that.

That's all I ever wanted to do was get back home – that was all that was ever on my mind. It was the same as the other two boys. (Kevin)

... that's all the three of them ever looked for – to get home - especially (N/Kevin's brother) and Kevin. (Kevin's father)

The placements

The young people talked about the different placements they had and the families they lived with. The two young sets of siblings, Darragh and Bronagh, and Sally and Justin, were relatively contented in their placement and thought their foster carers were good, but they all were eager to return to live with their birth families. Their parents also expressed their satisfaction with the care that the children received in their foster homes. Mark was also happy in his placement with his grandparents, but was also pleased to return home to live with his parents. The other older young people described some placements in a positive manner, because of the beneficial relationships they established there, while other placements were depicted in a negative light because of the way they were treated in those families.

Issues that influenced the quality of the placement were: the characteristics of the foster family (i.e. the character of the carers, whether they had children or not) and how they treated them (e.g. bullying, aggression, affection, 'like children of their own', etc); to be able to stay with siblings; and to be able to have regular contact with their birth families. For instance, not being separated from siblings was a big issue for some young people:

It made it sort of better because I was always with my brother. There was one time when we were in a foster home, it was only for a couple of weeks – he got to go home before me, about a week early, back to my mum's – that made it really hard, it was awful. (Emma)

My sister was put into care at that time but we got split – I went to one place and she went to (a considerable distance away). [I felt] Very bad, because me and my sister have always been close. ... I couldn't stop crying for about three to four weeks. (Steve)

In terms of the quality of the relationships within the foster families, some young people were able to forge very positive relationships with their carers, because of the way they were treated, having their own rooms, doing activities with the foster family, and/or spending time with children of similar ages in the home. That was the case of Emma, Niall and Steve:

I loved it. When I got there I had my own room, (brother) had his own room. The other foster homes we had to share rooms, it just wasn't the same. We did activities with them every Saturday. We took it in turns what we wanted to do. So it was really, really good. (Emma)

The one that I remember (was there the longest) – she had a kid about the same age as myself so it was easy enough to settle in. I thought she was a really nice woman. ... Because my sister had already been staying with her, my granny used to talk – they still do to this day – she was a close kind of a family friend. She was not a complete stranger. ... I got on well with everyone. (Niall)

After the while, by far the best placement I ever had – I loved them. ... A young girl came in after about three months of me living there. I talked to her more than anyone else. ... they had two kids then the foster girl came in, and I was there. ... they done everything for me. Anything I needed or anything, they got me it. I had my own bedroom. (Steve)

Emma lived with these foster carers for approximately five years with her brother, as she was nine when she moved with them and stayed until she was 14. They did not have any other children, and although that bothered Emma's mother at the start, she soon realised that her children were happy in that placement. Emma continued to hold a very close relationship with them, and even lived with them while she was pregnant with her own young child, who now called them 'grandma and granddad'. In contrast, Niall did not have contact with his former foster carer, and never saw her after the placement ended. He lived with her for nearly five years. Steve only lived with that family for eight or nine months, and did not have contact with them either after that.

Joanne described all three of her foster placements as satisfactory, as she kept having regular contact with her birth family, and felt that she 'was getting more care there' than she would have had in the care of her birth parents. In contrast, while Emma, Steve and Kevin had had positive experiences with some of their foster carers, they also had extremely negative and hurtful experiences with others, as they experienced bullying, beating, emotional abuse and/or neglect while in their care. Kevin went into care with his brother, and his first foster placement was a terrible experience for both:

When my little brother came in, all he did was cry – he was ripped apart. I didn't know what to do at the time. I just sat in my room – I'll never forget the foster parents saying – 'would you shut him up?!' It just got worse and worse. I sneaked a fag into the bathroom and smoked out the window. Your man came in and caught me – took me out the kitchen and closed the door. The two of us sitting there. They kind of joked about it – then he came over and put the lighter really close to my face and said – 'do you want a smoke?'

Steve had very negative experiences in two placements he had after he was taken into care for a second time. He and his sister were first placed in a foster home for about five months where he was bullied by three girls in the house and slapped by the carers, and then moved to live with their maternal aunt for nearly eight years (from he was 8.5 years old until he was 16), where he was bullied by his older cousins:

Then I got put in with my aunt. ... because it was my cousins, I just got battered – proper bullied, dragged out of bed – they were all older than me – 18-19. ... whenever I turned 12, my sister moved out – she was 16 and got to go home. I had to stay four years without her. So it was me and three bigger cousins in one room, and one other cousin in the other room. ... When I was 13-14, I had to be in for 6pm and in bed by 7pm. Even when I was 16, in by 8.30 – you're looking outside and it's still daylight and all the wee kids are running about. Terrible! Some days you were sitting there – you got up in the morning, did your cleaning – can I go out now? – no, you're grounded – for what? So you are just put in your room all day for doing nothing. ... That was the worst time ever I was in care. I was there so long and I couldn't just go over and stay at mum's. Wasn't allowed to stay at my mates' and wasn't allowed out after 8.30.

Steve's mother was aware of these issues, thus was very unhappy with the care that her sister was giving to Steve and his sister, and had a very difficult relationship with her. She tried to advise social workers about it, but she felt that they only listened to her sister and did not believe her until the end, when she was able to finally get her children back:

He was getting bullied by the boys. She was saying about me taking drugs but her three boys were sitting upstairs smoking – 'you're a hypocrite, you're only seeing pound signs, that's the only reason why you have my kids and won't give them back'. ... (Sighed) – it was always constantly fighting with (sister), me phoning social workers saying she's hit (son). ... it was mother's day – (name P) the eldest one, obviously he was at home and he said – 'mummy I'm going to take you up to (name place) for your dinner, phone (aunt) and ask her if you paid the taxi over and back again, would she let the two kids come?' – 'no, I'm not allowed to'. She said, 'I'm going by the rules'. I said, 'no you are not, you are just being a heartful bitch, I'm your wee sister'. I'm not asking them to go behind social workers' backs, it was just, let me have him that one day – that nearly killed me. Then (daughter's) 13th birthday, she was at (sister's) obviously, go a limousine and I wasn't allowed near the door. I had to park across the street and pretend that I wasn't in the car.

Thus, some placements had been a more negative experience than others for the young people and their parents, and this depended on the quality and length of the placement, contact arrangements, and the relationships involved (i.e. between young people/parents and carers and social workers).

Contact between young people and their birth family

The young people interviewed had regular contact with their birth parents and siblings while living in care, although arrangements changed depending on the circumstances of the placement and of the birth family. According to the young people's accounts, contact often depended on the geographical closeness between the placement and the birth parents' home.

... was up to a certain stage, when I was at the house on the other end of (local city) – every house I was at I was getting a weekly visit but that was with my family – everyone was there – my brothers and sisters were in foster care as well. Because I was over the other side of town, they sometimes... – because my wee sister and my wee brother, they were with my granny, so they could have seen my mum sometimes anyway, but I wouldn't have. So it was arranged that I would have an extra visit just by myself with my mum once a month. That was the most I got. (Niall)

Contact arrangements reduced in frequency for Steve because of allegations his maternal aunt made about his mother, as Steve's mother explained:

I had the kids for four days a week. When they were first taken, four days a week I used to get them – two overnights and two where I could go to the family's house (name) – really, really good. Then (sister) started with her lies saying that I was still taking drugs, still drinking, still letting people run in and out of my house – so obviously social workers were out at the house all of the time. ... It ended up going from four days a week to one contact for an hour down in the centre – for no reason. Because of (sister) telling social worker, she's still doing this.

Similarly, Sally and Justin's father, who was not living with them at the time of the interview, had had different contact arrangements with his children due to his own circumstances, lifestyle, and problems, but also depending on social services' views on what was best for the children and allegations made against him. He was very critical of social services, and wanted to have more contact with his children:

Even still at the minute I'm only getting two hours a week. That's going on now 13 years near enough, since the wee ones were born. They came home, I think it was in 2005 or 2006 – but I wasn't really allowed near the house because I had an illness myself. ... I would get to see them two hours twice a week last year and then there was a meeting, someone in social services, but I didn't agree with what they were saying. So basically they said, if you don't agree, then do you want them two hours a week – that's the impression I got. ... There was a text message sent to me, a way back a couple of months ago saying that some malicious text message going around saying (name) drug dealer and child molester... Since that there I lost contact for two weeks, then I lost access to the house. But that case, they were worried about the wee ones, something happening. But they found out it was a lot of bull anyway. Since that, everything went back to normal – I got access back into to the house, go to appointments – but I refuse to go now because of the situation since that. ... I go and lift them outside the house. ... you go to your bed and you cry and that's it – you get up the next day and that's it. If you think about it, over 12 years I've went to five birthdays for three children.

Although contact was a difficult and emotionally-charged experience for both parents and children, they expressed how important it was for them, and relied on the visits:

We always got to see my mum – I think it started off as once a month. That was horrible – I wasn't allowed her telephone number to text her. Then it got more regular – three weeks, two weeks, then one week. I wasn't allowed to see her for a while, because when I was in primary school we went swimming every week to the swimming pool and she came down – tried to get me to bring her back home with her. So, they actually stopped me going swimming and stopped the contact. At the end of the day, she wanted to have us back, and I wanted to go home at the time as well. (Emma)

It was fun, but I missed mummy. ... we had contact with her ... It was good to see mummy. (Sally)

My son – just looking mummy, mummy, mummy, for a good wee while – then it all stopped whenever he started getting contact with me. Everything was fine but then when he was leaving me he started to cry and stuff like that. (Sally and Justin’s mother)

When we used to go and pick them up they used to be buzzing – going to see my mummy, going on an overnight – when they were getting ... their taxi was coming, they were crying – that broke my heart, that really broke my heart. Your kids crying... (Steve’s mother)

For some young people, the regularity of contact contributed to the level of satisfaction they had with the placement.

I thought it was good because it was another home and another family. We got to see our other brothers and sisters and our mum every week, in the first one. ... [Talking about another placement] I was happy to be there because I started seeing my dad and started to be allowed to go on respite with him. The only problem with it was that I wasn’t able to see my family as much since it was further away again, so it was every month I got to see them. So it was more difficult, but I was happy enough to be there. (Joanne)

In sum, contact appeared as crucial for the young people and their parents in order to be able to cope with their situation and to maintain the bond between them.

Parents’ coping with the situation and social services involvement

Some parents found it very hard to cope when the children went into care, and their problems aggravated. This was the case for Sally and Justin’s father, who broke his relationship with their mother shortly after that, and of Steve’s mother, whose health deteriorated:

We were together for a few months after that. I hit rock bottom again and I went badly on cannabis. I lived down the street at the time. To be quite honest I was there from day to night, wouldn’t come out of the house, wouldn’t eat, wouldn’t do nothing. So I was in a wild bad rut. She had run away to (place name) – it was just the shock. Sally was 6 weeks old. (Sally and Justin’s father)

I was so depressed. I was so epilepsy and it’s stress related so I was just constantly taking fits. Then when I was taking fits they were obviously draining me and I was sleeping – there was a few times, maybe once or twice, where I had to cancel the kids coming – but I would always swap it til the next day. ... I was always crying – always felt that I was depressed, put on anti-depressants – then I thought, more tablets again. ‘I am on tramadol now – if they are not working, I’ll go to the doctor and say, they’re not working, because I’m scared that he’ll say that I’m addicted to them again’. (Steve’s mother)

For a short period immediately after they were taken into care, Sally and Justin’s mother coped by working long hours and consuming alcohol:

... basically when the kids went, for the six weeks I went to work in the morning, came home at dinner time, stopped off and got myself two six-pack of beer and I had nothing in this house – just me, my bed and I. I hadn’t a TV or nothing, so I drank my 12 bottles of beer and fell asleep until the next day til it was time to

go to work. ... I was doing secretarial work, glass framing, just everything. It was just to get me through as soon as I walked through that door, because I was lonely.

It was not just the parents who were finding it hard to cope, the children also found it hard to settle at the start. For instance, Kevin's parents explained how Kevin's younger brother had great difficulties adjusting to being separated from his mother:

Compared to Kevin's older brother and Kevin, because he was so young, four or five, and he literally just pined for his mum. (Foster carer) said it took six weeks to get him even to sleep properly at night. Whereas the other two were a bit more savvy. (Kevin's father)

(Son) wasn't sleeping, eating. ... I only got it through the foster parent herself. I had to phone through to (son), he was really breaking his heart crying, he would sleep or nothing – then I had to phone – she phoned me and I phoned her back to see how he was getting on – and that's how we kept in contact to get him settled. It took him a good while to settle. (Kevin's mother)

Despite finding it challenging to cope with the situation of being separated from their children, some parents stated that they relentlessly battled to make the children's return a reality:

Oh yes, I fought tooth and nail to get them back. ... I don't think they (social services) had any intentions of giving them back to me. I had to go to rehab (alcohol) in (place name) – I had to for them – I wasn't doing it for any other reason. I done six weeks up there and as I say, I just got my head together and I started fighting. (Kevin's mother)

I had to work hard – I had a lot of work to do to get him back. Whatever I had to do – parenting things, addiction services, etc – I got through it. (Niall's mother)

I was really, really trying. I ended up going and getting a wee part time job that turned into a full time job – just to keep myself on the straight and narrow – I didn't have anything, no temptations. (Steve's mother)

Some parents complained that they were not informed about important issues in the lives of the young people while they were in care. For instance, Emma's mother claimed that she was not aware of her daughter's abuse of alcohol while she was living away:

I actually didn't know she had been drinking and such – she used to just text me and say she was at (place name). I would say – what are you doing there? Hope you aren't drinking – she said 'no, no, just with my mates'. It wasn't until all of that came to a head when she came to my sister's – we found out she was drinking every weekend and she was never coming in – taking off out the back smoking. So they didn't ever tell me any of this – neither did the social workers. Obviously they knew because they would have popped in all the time doing regular visits.

In terms of supports from social services during this time, some parents felt they did not have any and that they were not listened to either:

After the wee ones went into care that was it – I didn't see a social worker for nearly four weeks. I didn't get to see my kids for four weeks and my heart was just (Sally and Justin's mother)

The LAC reviews – whenever they were younger, at the LAC reviews and trying to get them to listen – hang on I've done this, I've done that – nothing is happening, you're not doing anything for me. It took ages for anything to move forward. I was frustrated. (Niall's mother)

To sum up, the experience of the children being separated from their birth parents was described as problematic by both young people and their parents, although some experiences and situations appeared more challenging than others, depending on the quality of the placements, the contact arrangements, the relationship with social services, and the particular circumstances of these families.

Children and young people's return home

The circumstances and reasons for young people returning home

The contributory factors that led to the young people returning home were diverse: placement breakdown/disruption and no availability of other placements; young person's desire to return home; parents' change of circumstances (e.g. stopped abusing alcohol and drugs; broke down relationship with partner); or a mixture of these (see Table 5.4).

Emma, Kevin and Joanne returned home after a placement breakdown, and not much planning was involved in those returns. Emma was a teenager by the time she returned home. She appeared to have been engaging in risky and challenging behaviours (i.e. drinking, smoking, sexual relationships) at the time, which led to the placement breakdown with her previous carers, went to live with maternal aunt, and she pushed to return to live with her mother. Joanne went to live with her father after her foster placement broke down, as she explained:

I just fell out with my foster carer – it was an ongoing thing – I can't really remember why. We fell out and I just called my dad and it went from there – I started living with my dad. ... [social services] were happy enough as long as my dad was happy enough at that point.

Kevin's mother did not understand the reasons for the return, as she did not understand the reasons for the children entering care, as she stated that she 'was still the same person'. Kevin, however, explained that the first return home happened following the fact that his mother 'was doing great', and 'had been doing everything'. That is in contrast with the last return home (when he was 15), which he described as 'a last resort', following a placement breakdown with the previous carers:

Things started to go a bit sour. I fell out with their grandson, stuff like that. I had a big argument with foster dad. After the social worker found out the way the father was going on and going on to me – it wasn't right for foster parents to be going on like that. So they decided the only other place for me was home.

Table 5.4: Contributory factors for returning home extracted from case file analysis

Young person	Contributory factors for last return (and age)
Sally & Justin	Re-assessment of mother by other doctor after recommendation of adoption - mother terminated relationship with partner, mental health not affected by it, mother keen to engage in relationship counselling or any programmes to help her care for the children; high standard of contact between mother and children. (2 and 4 years old)
Niall	Mother's parental assessment; mother had new partner/husband (13 yrs old)
Steve	Young person's wish to return home; successful return of sister; parenting assessment by NSPCC, which said that mother was coping and had control of her alcohol and drug consumption. (15 years old)
Emma	Placement breakdown with aunt. No other family is offering a placement. No foster or residential placements available. (14 years old)
Kevin	Young person initiated return. (14 years old)
Darragh & Bronagh	To support identity and be raised with other siblings. Preparatory work was completed by the Trust with parents, and work with the family started at Family Resource Centre. Father had abstained from alcohol and there were no further incidents of DV. (5 and 6 years old)
Mark	Circumstances of previous placement (i.e. granny died) (13 years old)
Joanne	Not given (14 years old)

Kevin's father believed the situation at home around the time the children returned had improved, although he was not convinced whether it was the ideal situation:

It was definitely better than what it had been – it couldn't have been much worse, let's put it that way. Whether it was a good enough situation for them really to be home ... because the whole mix – still at that time there was older brothers of Kevin still living in the house who had their own problems. It was crazy.

Niall, Steve, and the siblings Sally and Justin appeared to return home because of their mothers' circumstances and the work they did to sort their problems. According to their mother's account, Sally and Justin came back to her care, as she was no longer having a relationship with their father, and had resolved her problems. Similarly, Steve's mother explained that she had also changed her life around to get her children back, but because of her sister's lies to social workers about her, she was not able to get her children to return home sooner. It was only after the social worker realised that Steve's aunt was not telling the truth, that Steve and his siblings were able to return home:

The kids got over to (place name) to their dad – the day after Boxing Day. (Social worker) came out to me, she said ‘did you not feed the kids on Christmas day? We had a report in from (sister) saying that you never got them any Christmas presents, they had no dinner, there was no food in the cupboards’- from that day (social worker P) knew – that’s when we started working to bring the kids back home again. ... when (social worker) came out that time, and she seen all the presents under the tree, and the turkey and the ham, and lamb – when she opened the cupboard all the crisps fell out – she opened the fridge and the freezer and it was bunged. ... She just looked at me, and said – ‘I am so, so sorry, I have listened to (sister) for too long instead of listening to you’.

However, Steve’s account appeared to contradict his mother’s, as he suggested that it was him that pushed for the return and not social services, as he was 16 at the time:

... [when I was 16,] I pretty much got up and walked out. ... I was getting overnights to see how things went, and if I was still going to school. When I stayed at her house I got up, got into the taxi and went to school. At that time I was in secondary school – I went there, kept getting into school, doing what I had to do.

Niall’s mother also worked hard to get Niall and her other children back, as she attended parenting courses, addiction services, and anything that was asked of her. Niall explained how she did not like his previous foster placement and when he told the social worker, she told him that he was going to return home. According to his mother, after she had done everything to get her problems (i.e. alcohol abuse, etc.) sorted, a change of social worker largely contributed to Niall and siblings being returned home:

They didn’t want him to come back, even after I’d been through everything. The social worker at the time, because she was only new, she was still young, she really knew nothing about me – I was like, no I can’t be annoyed with that. Then I had another social worker, she’s brilliant, absolutely fantastic, she said he should have been home years ago. I was doing everything I could possibly do and they were still saying we have to wait, we have to wait.

According to Joanne, even though when she went back to live with her mother, things had ‘changed a wee bit’, her mother soon started leading a chaotic lifestyle again, which eventually led to tensions in their relationship, which in turn led to the breakdown of the placement:

It changed a wee bit, because when we were younger our mum was quite a drinker and not really looking after us. She tried. She had a job whenever I went back to her – she was in nursing – then they let her go after a year because of her partying and stuff like that. Then she was going out every weekend and stuff – I didn’t really notice it at the start when I went back to here – then I did notice and we moved house, but it was just drinking and stuff and people coming..... My sister, she used to live around here, and she had a massive fall out with her carer and she moved in with us. Then me and mum had a very big argument one morning and my sister got involved and then my mum just wasn’t having any of it and I wasn’t having any of it so I left and had to go up to my step mum’s sister’s house because I had an exam that morning.

For some of the young people, the return appeared to have been planned and a gradual process. For instance, Niall described a phased and planned return:

From there I moved back over to this side of town with a woman called L. I was in second year in school at the time so I would have been 13-14. I stayed there for a year. I really didn't like it. I said to my social workers that I didn't like it, and they said that's alright we'll try to get you home as soon as possible. So they arranged for me to come up to my mum's house now and again – I would stay over every other weekend and then build it up so I could eventually just move in. After about a year staying with (previous carer) I was allowed to move home, and I have been here ever since.

In the case of Sally and Justin, they moved to a parenting assessment unit with their mother when they came to live with her. Justin recalled having to talk to social workers:

We moved – we went to (place name) first with mum. We still had this house here but we had to move to (place name) for something to do with social services. ... It was good. We were back to mum. ... Sometimes I had to just go over the road to these people and do things with them. I can't remember what it was. ... I didn't feel too good about it. She (Sally) didn't do it, I just did it myself. I'd rather just stay at home. ... I had to do things like fill out things with them. ... It was boring.

For Kevin, although it was planned, it was described as quite a chaotic process by his father, as the children spent time with mother, father and foster carer:

It was joint - believe it or not it was a kind of crazy decision if you know what I mean. It meant they were part of the time with me and part of the time with (Mother) and they were part of the time with foster parent. ... 2-3 days here, 2-3 days there, etc – still going back to their foster placement for a while. As I say, every case conference we ever went to – I would have looked at the good and the bad; everybody else in the room looked at the good and the bad, but (mother) only wanted to look at the good. She was 'right, it's time for them to come home.

Thus, the processes and reasons for return were varied although not always clear, and parents' and young people's accounts often did not agree, although sometimes complemented each other. For instance, Stephen's and his mother's accounts of the reasons for return were different and did not appear to agree, but Niall's and his mother's versions of the return, although different, seem to complement each other to offer a broader picture.

Coping with the realities of the return

The young people and their parents were happy about the return, and in most cases, both sides had been eager to be reunited. For instance, siblings Sally and Justin were satisfied with living at home, liked the area as they had 'friends close to here' and 'plenty of things to do'.

However, although happy at the time, Emma looked back at her return as something negative:

Negative, because it just became worse. I thought – I can get away with more. But it wasn't just me getting away with more, it was just me not listening to her. Then I wanted to always do my own thing – trying to grow up too quick. It was negative because it just got worse.

She explained that it was at the time when she went to live with her mother that her lifestyle changed, and she started 'getting into different troubles'.

For some parents, while they were happy about their children's return and believed that the children were also content about living at home, they lived with the constant fear that the children would be taken into care again. That was especially the case for Sally and Justin's mother, who explained that she had been diagnosed with post-traumatic stress disorder (PTSD), and had had this constant anxiety since the children had returned home, i.e. eight years previously:

Well, the kids were excited, they were happy to come home; but ... I was a bit sceptical and a bit scared because when I was taking them back I was feeling that just basically they were going to be lifted off me again and I've always had.... I actually have been diagnosed with ... Post-traumatic stress disorder – and I still have that. It was only diagnosed two years ago. Basically from the kids came home I have been like that – just got the general fear they are going to be taken away every time. ... I understood the reasons why they went away, I understood everything about it, but to me it was just, "no, they are going to be taken again". Every time there is a complaint, or something goes in, it's "oh my God, they are going to be lifted".

Similarly, Darragh and Bronagh's mother also thought her children were happy living at home (as she explained that Bronagh had stated that in front of social workers), but believed her children were concerned about going back into care, as two of their siblings had been adopted.

Some of the mothers had children and young people of a range of ages living with them, which often meant added stresses in their lives, as some of the older siblings displayed more difficult and challenging behaviours. That was the case for the mothers of the two sets of siblings. Darragh and Bronagh's mother was living with eight of her children, and admitted getting stressed. She detailed the circumstances at the home:

We have a teenager, she's 16 – a total nightmare. She lives here – she's not as bad as she was but is hard work. I have ones that are a good bit older. My two eldest boys live with their dad and my daughter lives with her boyfriend. My fourth eldest son lives here with me. (Name B) is 18.

In the case of Sally and Justin's mother, she had four other children from another man, who looked after them until relatively recently. They went to live with her when they were in their early teens, as their father 'couldn't deal with the situation' and 'started kicking them out'. The two boys, who were 15 and 18 years old at the time of the interview, were living with her, while one of the girls was at university, and the other was living elsewhere. She admitted that caring for the two boys was 'pretty hard work'. However, it was Sally and Justin's father who was extremely concerned about this situation, as he believed these older half-siblings moving in had adversely affected Sally and Justin:

Then (older son) came along –she has seven children, three mine and four with the other. Then (older son) landed when he was 14, but since that he's started going haywire. Since he moved in my wee ones have gone – bang! ... This last year he has done nothing but take drugs and rob, thief – he's 17, nearly 18.

Shouting and roaring at my wee ones, drinking in the house, taking drugs in the house, throwing tantrums and things – and social services intervention team know about that – sure he’s near 18, we’ll get him out then. My wee ones are sitting in danger there, and still they are letting him get on the way he is. ... Now at the minute there is another son, the father has thrown him out for smoking. So my children had to take a look at him, even though they are half brother – a different personality (he’s 14 or 15 now). There is another young lad staying there too, I don’t know who he is – he’s not a relative – he’s a friend of that younger boy, I don’t know if he’s living there or whatever.

Parents also had to cope with financial pressures. For instance, Darragh and Bronagh’s mother needed to have an extension done to her house due to the large number of children living with her:

They told me I had to do it, so I had to do it myself and pay for it myself. I had about 10 kids here at the time. ... about five years ago. I have been here about 11 years.

However, she felt she was coping alright, despite everything:

It’s not that bad, my kids keep me going. Of course they do have their moments. Darragh and Bronagh fight a lot because there is only a year between them – it’s over really stupid things. ... (I’m) just getting on with it. Get rid of their Care Orders and just get on with it. Have it all behind you.

Most parents whose children were still living with them had a similar attitude, and despite most of them having very little support, they were happy to have all or some of their children living at home.

Parenting and the parent-child relationship

When some of the children last returned home, they were teenagers and were starting/had been already engaging in challenging and risk-taking behaviours, i.e. abusing of alcohol and drugs or having sexual relationships with aggressive partners. Parents often found it difficult to manage and take control of these situations, while at the same time coping with their own lives, and with a perceived lack of supports. For instance, Emma’s mother was working many hours outside the home, and was not able to see her daughter for most part of the day, which meant that she had very little knowledge of Emma’s whereabouts, and had to find out through sources like social networking sites:

... when she came back, when she left school, she was alright. I made her dinners, I worked out most evenings and I just sort of ... - we just seen each other getting off the bus – she got off the bus and I got on the bus. I would have text her and rang her all night to make sure she was in, had homework done, check there was no parties in the house. A few times I went onto her Bebo by accident – she used to take a gym bag to school with her – she was really good, into gymnastics... – but I got onto her Bebo one day and saw all these pictures, sitting with half bottles of vodka on the sofa – and the dates – they wouldn’t be smart enough to hide the date.

Despite this lack of control, Emma’s mother explained how she tried to encourage her to continue with her studies, but found it challenging due to Emma’s attitudes and wish to be treated as an independent adult:

I had the teacher on the phone to me "Emma is in Asda" ... "You may get in to school" – "yes, I'm going!" – "see if I have to get out of my work and drag you in..." ... first used to drive and pick her up – 'what age does she think I am, I'm fed up with this'. Then, I thought this isn't good either – she's going to get picked up in front of all her school friends, just going to have to trust her. ... I used to say to her – how are you getting on. I used to say to her – we'll go down to the (place name) for lunch with (names of others) if you all do your exams. Used to check all her books, homework – "oh my god, what age do you think I am!".

Emma also described her behaviours and lifestyle at that time as problematic:

When I went back to live with my mum, I ran about with worse people. Started getting into different troubles and stuff... I always mitched from school, would have drunk a lot, go out for days, come back to my mum's, get changed, then go out again. She wouldn't see me for days – just turn my phone off. Then get in bother with the police.

Niall also returned home when he was a teenager, and although according to his mother, he 'was pushing the boundaries a wee bit' and was 'a wee bit boisterous at the start', she stated that she 'never really had much trouble with Niall'. That is in contrast with Mark's mother experience, as when Mark first returned home, there were issues with his behaviour, and their relationship was not easy:

He was getting on alright the first time he came back. But then his behaviour was a wee bit concerning – going to school, he played up a wee bit, things like that. ... it was a bit rocky. The first time he came back – there would have been rows.

Kevin was also a teenager when he returned home, and like Emma, he also became involved with 'the wrong crowd' and engaged in risk-taking behaviours at the time. That put pressure on the relationship with his mother, which meant that he ended moving in with his father, and back and forth again:

Things were going grand for a while then I found the wrong crowd again. I started drinking, then drugs came into play. I hit it big time. A few close scares. ... [Went to live with dad] I was swapped and changed, swapped and changed. ... It was constant ... - I fell out with my dad for a while, I fell out with my mother for a while. It was crazy, it was mad – it was just as bad as care.

However, according to their own and their parents' accounts, these young people had changed their lifestyle and attitudes, and the relationship with their parents had improved. For instance, Kevin's behaviours and lifestyle radically altered when he 'was coming 18', met his partner, and had a child with her, and Kevin's father's account corroborates that:

He got lifted in (place name) – he had drugs – they were in a car, he bought a car to sell – but the boy he was running about in the car with was twice as bad as he was. When police went to pull them, he took off across (place) with cops chasing after him. I got phoned and I went to station – he had just turned 18 – anytime he had been lifted before there had to be an appropriate adult there, and we always got him out straight away – social worker always put that pressure on to let him out. But this was the first time he was

kept overnight and he phoned me the next morning – solicitor had said he was getting him out on bail and wanted me to get him. I went down and got him and he said to me ‘I have a wee one, I’m not doing this crap no more’ – and he had stashes of dope all around the place. ... the whole lot was all destroyed, and that was him, never looked back. He done his thing in the Tech, he has his wee business going now. He has never looked back since. It was crazy because he smoked dope like I smoke fags, one after the other, morning, noon and night. There were times he didn’t make any sense whatsoever, then he just went straight off it – no medication, no counselling, no nothing. It was a real wake up call for him.

Emma was in a similar situation, as she was also engaging in risk-taking behaviours until she had her son. Thus, like Kevin, she found it a life-changing experience, and according to both Emma and her mother, their relationship also improved, as she was no longer involved with the child’s father:

... me and her (my mother) never really got along when I started going out with him. It was like, I was putting him before everybody. We were living in the hostel – then he ended up in jail and that would have been when I was a few weeks pregnant – but I didn’t tell my mum. ... We have a good relationship now. We never used to. We used to argue all the time and hardly talk to each other. Now it would be like best friends. I would tell her loads of things – most things that happen. She would do the same – she tells me things as well. It is good. She was over last week and she actually stayed here, spent hours playing with (baby) and took us for lunch.

Similarly, at the time of the interview, the relationship between Mark and his mother had improved, and Mark’s mother explained that they ‘got on alright’. In terms of affection, she believed he was not as affectionate now that he was older, but he used to be; and in terms of communication of his feelings, she recognised that he ‘would have been quiet. You would have had to ask him’.

Social services’ involvement and support

While at home, social services were still present, as the young people returned home on a Care Order. Young people, as well as parents, talked about the high turnover of social workers, and how they ‘always kept changing’. Young people had different views about the social workers they were/had been involved with, and about social services remaining in their lives when they were living at home. Many were critical about social services, but they had diverging views about their social workers, i.e. while they had negative views about some, they were also grateful to others, and viewed their support as valuable. For instance, in terms of positive experiences, young people valued social worker’s dedication, practical support and being given the right information, as well as their encouragement and support to continue with their education:

My support worker, they all encouraged me doing my GCSEs. I honestly think if it wasn’t for them I wouldn’t have done them. ... I honestly think that if it wasn’t for (name L) and (name C) I probably wouldn’t have done my GCSEs. (Joanne)

Sometimes, their views of a particular social worker changed with time:

The social worker, the best one I had was (name L) – that’s before I was pregnant – that’s the one who put me into the hostel – I didn’t like her then! She was really supportive – she is only meant to take you until you

are 16, but she kept me on because she didn't want me going to someone else. She really supported me and helped me through things. (Emma)

Some parents also deemed some of their social workers as very supportive, and a great aid to help them care for their children:

At times, I said to (social worker) – when (Son L) was living with me – she come to my house at 11 o'clock at night when (Son L) was out of his head - helped me sort it out. Whereas I couldn't have coped with it on my own. That was all on her own time. (Kevin's father)

They seemed to be alright. They were a good help I think. They did support me. If I wanted anything ... They just worked with Mark. (Mark's mother)

The best social workers were (list of 3 names PP, KM and AB) – they are superstars. ... The social workers really supported me. ... They never gave it to me, but if the kids needed anything they would take them out and buy them If I couldn't afford it, they would take them out and buy them clothes. When I moved in to (house), I couldn't afford a brand new bed for Steve because I was only on job seekers, I know I get DLA but that went in the house – they took him out and bought him a bed and bought him all his bed covers and gave him money. They really did help him out. (Steve's mother)

Siblings Sally and Justin had different views about social workers. While Sally had a positive view of some of their social workers, Justin appeared to dislike the whole concept of having social workers involved in his life at all:

The one we have now is actually quite very strict – but she's nice. Other social workers we didn't like. (Name A) and (name R) and (name N) are actually the best social workers we ever had. ... They help us out if we are down. (Sally)

I just don't like them, none of them. ... It's just them – just social services altogether. (Justin)

Similar to Justin, Kevin did not consider that he ever had positive experiences with social services while he was in care. He had a very poor opinion of social services, and whenever he returned home, he felt that social workers were not involved enough, but disengaged and unhelpful:

I don't get it. They wanted to be so involved for so long and then they didn't want At 16, you then move on to leaving care/after care team – so you stay in that until you're 21. You still have a social worker ... If you ever needed something they were always supposed to provide stuff – it would take weeks, if not months, just to get a hold of them. Even to get to the final process to what you needed – there was no point then.

Some young people did not feel listened to by social workers. That was the case of Joanne, who had aged out of care, but described her experience of attending LAC review meetings while she was subject to a Care Order:

Yes, I would have attended and so did my mum. ... I didn't really like them. I always found it uncomfortable because they don't really listen to your point of view all the time. ... like in my last LAC review, I was given an opportunity to give my viewpoint and I just don't feel they listen to your view – I think they make up

things for you, like they make the decisions for you most of the time. ... Sometimes we were being listened to but most of the time they talk over you – it's kind of like you're not in the room with them – in fact you are in the room.

At the time of interview, some older young people were reluctant to ask social services for help, and preferred to look for other sources of support.

Then, they paid for my driving lessons and my theory – I passed my driving test there in January. That was really good. ... it was 'give and take' who paid for the lessons. I don't ask for support any more from the social workers – I had it all my life! – so I just want to do everything on my own. If I did need the help I would say, but I actually never ask them for anything. (Emma)

In terms of practical supports while the children were returned home, Steve's mother felt her children were properly supported, as shown in a previous quote. In contrast, some parents and young people – like Joanne, Steve and Niall's mother – believed that they were never given appropriate financial support to help them cope:

Because I was growing and stuff, I needed new clothes a lot, and it was so hard trying to get him to get me new clothes. The only money they would give me was for school uniform money and stuff like that. I don't think they helped out as much as they could have. ... I can remember my dad, at the point when my sister lived up in (place name B) asking them if they could get the money to get to (place name B) and back. Me and (sister) did this play 'break the cycle' and my dad had to go to (place name B) that night and for the cost of travelling and parking, they gave them £15, and the parking was about £17! ... I think they could have supported us more. I'm not really sure but if they had just been there to support us when we needed things like clothes and things like that. (Joanne)

It was all left up to us. Me at school in the mornings, getting money, or mum getting me money to get to school, lunches, all that there, stuff I needed afterwards. (Steve)

No financial support when he came back. I seen me sitting here for weeks without any money while I was trying to get the benefits sorted out. (Niall's mother)

Similarly, Darragh and Bronagh's mother believed she was not receiving much support from social services. The children were still subject to a Care Order, and their mother felt she was being monitored:

Don't really get much support. ... They come out once a month to do a daily visit and that's it. Don't see them apart from that. ... They have helped out in the past – they helped with childminding – maybe 8-9 years ago. I haven't had anything ... It has been difficult sometimes, not all the time. I don't see as much of them now, so it's not as bad but there have been times where it just ... The way they approach you, speak to you. When I got pregnant with my last daughter (she's adopted now), I was literally about five weeks pregnant and two social workers came around and asked me, 'was I pregnant' – I hadn't even done a test myself. Then, they tried to say that I lied about it.

Sally and Justin were also subject to a Care Order, and their mother also felt that because of that, she was being constantly monitored:

I'm under two social workers for two different teams, which means I have to be here twice a month – have to be here to see that the wee ones are healthy. I know myself that the wee ones are fine – I look after them well enough, I do my own bit. You have to tell them ... when you pee'd last! ... tell them everything. They are always there and you have to be straight up and honest, which is what I do. ... It feels a wee bit as if my privacy is invaded.

However, on the other hand, although they were working towards getting the Care Orders removed, she feared that if they were removed, her daughter Sally would not be provided with the same level of support that she had then and needed (due to her health issues), and the support to manage 'problematic' contact with their father would disappear:

The positives of having them is... the support is there for Sally. If the Care Orders come off, she will not have half as much – and she needs that. She constantly needs that extra time out and just getting out on her own. Dad lives quite close and it's a threat, without a doubt. ... it's the support I sort of need. When (father) plays up or when he doesn't come to contact – there is just a heap of different things.

Niall's mother also believed that the removal of the Care Order would mean the termination of any supports that they were receiving. Thus, in contrast with Sally and Justin's mother, she did not want Niall's Care Order to be removed, as she did not perceive many disadvantages to social services being involved, and she wanted Niall to be supported to do different things (e.g. driving licence):

I asked for it to stay because all the rest of them have a Care Order. I'll tell you the truth – you see if he doesn't have a Care Order, social services are not going to do nothing for him, whereas if he has a Care Order on him, they tend to do more for them. ... At the end of the day, they are there for a reason, they are there to help you – take what you can. It doesn't annoy me social services being involved. ... He wants to do his driving licence – social services will help him – they help him more than they would help me – they are not my social worker – so I just let him deal with those things.

In sum, social services were viewed in both positive and negative ways by the young people and parents interviewed, and this depended on their experiences with particular social workers, as well as their diverse situations and needs.

Social supports

Many parents commented that they did not receive much help from family and friends, but others were able to rely on particular people, who had been a great source of support. For instance, Steve's mother and Sally and Justin's father each had a very good friend, who was the main person who they could turn to, and had supported them over the years:

My best friend – she would walk to the end of the earth for me and my kids. She's been rearing them from they were all wee totes – they call her aunty and her kids call me aunty. ... But she is there no matter what

time I need her she will be straight over in the car for me. She is brilliant. ... Obviously, I've got the kids, I've got a few good friends, but it would be mostly (best friend) that I would turn to. She knows what I've been through. She never lost her kids but she had social workers on her as well. She kept saying – 'just go and fight your case and say it's her taking the tablets, do a test on her and see how much' – but they wouldn't. (Steve's mother)

Nobody ever gave me any positive thinking because of what I done – just this close friend of mine (name) – she used to speak to me and help me through it, losing weight. That's the only support I have. That's over the years, we used to talk over the years, but this time I tell her about everything and she's helped me through it a lot, and that's really helped my health. To be quite honest, only for her I would be sitting, 19 stone and dead now, to be quite honest – lying in some gutter, or lying in some house choking on vomit with the drink. (Sally and Justin's father)

Mark's mother had the support of both sets of Mark's grandparents, especially her own parents:

My mother and father were very supportive. So were (husband's) mother and father. Both sides, yes. He used to go down and see them. ... They took him places – they would have come up here and took him places. ... They would give him things. But mum was very supportive, giving me money, anything I wanted.

In general, many of these families appeared to be socially isolated, and did not seem to have extended social networks to rely on for support.

Child/Young person's education, behaviour, health and lifestyle

Education

In terms of their education, while some children were performing well and enjoying school, others were struggling. That was the case of the two younger sets of siblings, where – according to the mothers – one of the siblings had no problems with school, while the other was finding it particularly hard. Sally and Justin's mother explained that while Justin was doing well at school, his sister Sally was finding it hard and underachieving, especially due to her behavioural problems. She was critical about social services support in terms of helping her daughter do well at school:

Since he (Justin) has come home his level of education has went very high. He is extremely smart. Sally would be the opposite – she just wouldn't have the concentration to do what she has to do. ... [Doesn't receive any help in school] because she is one mark below (educational psychologist statement) and social services can't even help me with that. ... No help whatsoever. It was only last year that they started to realise that her behaviour – when she went to school she wasn't showing the same threats that she was showing at home. Now, last year, the teacher pulled me in and said 'I think I'm beginning to see now exactly....' - she just changed like that. At school she would have behaved, now all of a sudden she's starting there as well, which is worrying me because she has another year to do there and then she goes to high school. That is going to get her into a lot of bother.

Despite her problems, Sally explained she loved school, although she said she was not able to pay attention. She liked Maths, PE, Art and ICT.

Similarly, according to their mother, while Darragh was having some difficulties at school, and as a result did not enjoy it, Bronagh seemed to be doing well at school:

Darragh gets frustrated in school sometimes; he's dyslexic so sometimes he'll Sometimes he doesn't want to go to school – he just doesn't like school. ... He just hates school – he's just one of those kids who doesn't like it. ... She's good – she (Bronagh) just works away. She is doing ok.

Darragh and Bronagh's own narratives were consistent with their mother's. Darragh explained he did not really like school, because of 'the teachers and stuff', whereas Bronagh believed school was 'good', and enjoyed subjects like English, sports and History.

Some of the older young people had had difficulties with school in the past, but had returned to their studies when they were older, and achieved some qualifications. This was the case for Emma, who began missing school when she was a teenager, but her attitudes changed and returned to her studies at a later stage:

... went to that give and take up the street – she says she's got a degree! She's got certificates, she's passed her driving test, she's worked in a nursery school – she sort of packed that up because she said they were using her. It's not so good when you're not getting paid.

Steve had also returned to his education and passed his GCSEs, although his mother was not aware of the grades he achieved:

He would never bring me any certificates – never. You know how they send them out in the post now, he would never show me. When he came back here, he did settle and he did pass them.

Joanne explained she struggled at school, because of her poor concentration, but she focused on Art, because it was what she was good at.

In contrast, Niall had always attended school and performed relatively well, and according to his mother, he was planning to continue his studies and go to university. She appeared to be very supportive of his aspirations for the future:

He's still continuing his studies – he still wants to go to University. He moved from (school name) to (new school) because – something to with them not doing certain subjects. He is to do A Levels – no, he's doing his AS levels, he's repeating – going to repeat a year – he didn't get the grades he needed. He wants to go to University – wants to be either a PE teacher or something to do with sports – he wants to be a sports commentator. Why not, he has dreams, let him go for them.

Niall had to move schools although he really liked his old school, but he was also happy with his new school, as it was closer to his mother's home (where he was living):

... the school I moved to was really good because I had a load of friends from that area anyway. I had friends in both schools. When it came to secondary school, I went to one that was just beside her. At the end of the first year there, during that summer (before second year) was when I moved away from here. Up

until this year I was still there – I have just recently moved from there. ... I really liked it. It wasn't my choice not to go back. I tried my first year of AS level and didn't get the results to get back. I would have stayed, I loved it.

Like other mothers interviewed, Niall's mother believed education was very important, and tried to pass on this message to Niall and her other children:

All my kids have been told there are only 3 important things that you need in your life – you need your driving licence, your passport and your education – with these things you can go anywhere in life. ... The oldest wee lad, he got his A Levels – the older ones have stayed on and done well at school. Wee girl works in the hospital as a theatre assistant – they're all doing alright.

In sum, the young people that took part had different educational outcomes depending on their age, experiences and abilities/difficulties, and parents acknowledged the importance of the role of education in their lives and were supportive of their children's education/training.

Behaviour, health and lifestyle

In terms of health, only a few of the young people were identified by their parents as having any health or behavioural conditions. Sally was one of these. Her mother, her father and also Sally herself recognised that she had some behavioural problems, although her mother (with whom she lived with) gave more detail on these problems and the difficulties of dealing with them.

The wee girl is wild bad – she has some behavioural issues. She gets picked on, roared at, shouted out ... (by) Nearly everybody in that house. (Sally and Justin's father)

Sally can be very quick tempered. She can throw things at you, she shouts and screams at you. We're querying ADHD at the minute but she definitely has behavioural problems and there's another couple of wee things that she suffers. ... She was always a bit hyper. She was into trouble no matter what! Basically, what they put it down to was the time that (father) and his sister beat me whenever I was three months pregnant with Sally. I was severely beaten and left nearly for dead on the floor. ... Justin doesn't get any support, he doesn't need it because his behaviour is fantastic. It's just Sally – she can't be cooped up in the house for too long, she gets bored and that's the way she is. (Sally and Justin's mother)

The ADHD – because at night I usually don't want to go to bed and I take temper tantrums, so they give me sleeping tablets and they didn't work so I don't have any medicine for it. ... I do have a therapist. ... she is very good. ... Yes it does help me a lot. (Sally)

In addition, according to their mother, Sally and Justin had other health problems, which meant constant monitoring of their health status. While Sally had problems with her hearing, Justin had problems with asthma and eczema, and both children had some weight problems. Sally also described herself as having asthma, although she explained she was able to control it well with inhalers. In contrast, according to both Sally and Justin, Justin's asthma was more difficult to control.

Sally's hearing. She has vents in and vents would have fell out right and regular, so there was operation after operation. She has been diagnosed partially deaf. That was the only issue the whole time and Justin has eczema and asthma – they've had that from they were born anyway. ... Sally I'm starting to get worried about. She's only starting to put on weight now – whether it's a comfort thing or whatever I don't know, but she does eat quite a bit. Justin has cut back now totally. He lost 4 lbs the last time he was with the dietician and he's started football training. I'm one of the trainers. ... They are healthy enough. It's just keeping everything under control. Having their appointments and making sure those appointments are kept. If you don't, their health is going to deteriorate. You just have to work with it. Maybe 2 or 3 appointments in one day. I have a diary that sits here and it's for every appointment. The social services know where I am and at what times – then it's for them to look back on in the month – when they come out for their check – what has been done. (Sally and Justin's mother)

Justin: I do a lot of football and the asthma will just play up because of it.

Sally: my asthma isn't that bad, so it's the boys, they wheeze a lot at night and I don't wheeze anytime. So my asthma is perfect.

Justin: I have more problems, especially when I play football. The inhaler helps once I get it.

Darragh and Bronagh were both receiving some counselling from Child and Adolescent Mental Health Service (CAMHS), as they both had to deal with difficult issues, particularly the fact that two of their siblings had been adopted. Neither of them were described by their mother as having behavioural problems, although she believed Darragh displayed more challenging behaviours ('can be strong willed sometimes') than his sister ('Bronagh is an easy child').

Despite the fact that Niall's mother never mentioned any health problems about Niall, he explained he was bi-polar and taking anti-depressants. Mark talked about her health being good at present, but he had asthma and tonsillitis when he was younger.

As mentioned previously, some young people like Kevin and Emma had displayed challenging and risk-taking behaviours in the past when they were teenagers (according to their own and their parents' accounts) (i.e. smoking, missing school, engaging in unsafe sexual relationships, abusing alcohol and drugs, and getting into trouble with police), but they did not appear to be engaging in any of these activities at the time of interview. Both appeared to be very resilient after all the difficulties they encountered in their lives. Kevin explained that he was able to cope because he 'was always very strong minded', in contrast with his younger brothers that were deeply damaged by their care histories and early life experiences. He explained what kind of things helped him cope, and why he did not have a very positive view of counselling:

During that period ... Jesus, you don't send a wee one to counselling. It's not right. The more you talk about it, the more you go over it, the more it happens. ... If you find something you enjoy and get focused on it – that's what gets you through it, you get on with life. ... I really focused on soccer at school. There was a big massive garden when I was in (place name L) with all these hedges and big massive lawn. I always cut the hedges and lawn – I was always into that. That's my business now. So it paid off in some way.

In sum, a number of young people displayed or had displayed mental and behavioural problems, and only two children were described as having physical health problems.

Summary

The analysis of the interviews conducted with children/young people and their parents complemented and sometimes was at odds with the information extracted from their case file reviews and the views held by social workers, as might be expected when gaining personalised, subjective perspectives. It also shed light into the complex and varied lives and experiences of these families, and provided an insight into the equally complex and varied processes of taking children into care, returning them home, and managing a Care Order while the child was living at home.

The experience of the children going into care was described as painful and difficult for the majority of parents and young people, despite the fact that a considerable number of parents identified and understood the reasons behind the decision. Many young people wished to return home, and their parents were aware of that. Their experiences in care depended on a range of factors, such as the quality of the relationship with their foster carers and the care provided by them, the frequency and quality of the contact with birth parents, whether they were separated or not from their siblings, and the number of moves. Some young people had moved several times and they had diverse views of their placements, ranging from very positive to extremely negative. A few young people had suffered bullying and neglect while living with their carers, while others had established very positive relationships. Some young people were unhappy that they were not properly informed about what was happening and the decisions taken about them.

Many parents worked and fought to get their children back. According to those interviewed, young people returned to live with their birth parents as a result of a variety of factors, such as changes of circumstances in the birth family homes, placement breakdowns, and/or the wish/willingness of the young people to return home. Most children and young people were glad that they had returned. In terms of social services supports in place when the young people returned, while some parents and young people were not satisfied with the level of support (especially financially), others were more positive and recognised the contribution made by particular social workers. Care Orders were viewed by parents as, on one hand, involving constant monitoring (in turn, leading to their fear of their children being taken away again), and on the other hand, as a source of vital supports for their children (that would be reduced if the Care Orders were to be removed). Thus, parents often had ambivalent feelings about the removal of their children's Care Orders.

In terms of outcomes, once again the picture is complex and varied. Some of the older young people were no longer living with their birth parents and were living independently instead. Some had displayed risk-taking and challenging behaviours in the past, but their situations and attitudes had changed and they seemed more settled. Educationally, some children and young people had achieved qualifications and continued their studies, while others had abandoned them and returned

to do some courses later in their lives. Two of them had a child of their own, and their birth had been a turning point for them to change their lifestyle and their attitudes for the better.

6. Discussion and conclusions

This study has shed considerably light on an under-researched area, particularly within Northern Ireland. It focuses on children/young people who have been removed from the care of their parents and are returned to their care under a Care Order. The research has enabled us to look at the perceived reasons why these children/young people were placed at home in these circumstances.

This section is structured by the research questions posed in the introduction. The findings of this research are compared with those coming from other research in the field, and recommendations are provided at the end of the section.

Use of the placement 'at home in care' in Northern Ireland

The returns received from the HSC Trusts indicated that eight per cent of children and young people in care in Northern Ireland on the 31st March 2009 (n=193) were living at home with birth parents on a Care Order. This is less than half the number of children whose placements were defined as 'placed with family' in local government statistics (DHSSPS, 2009). This proportion is similar to that in England (7%) and Wales (10%) in 2009. Having this actual level established for Northern Ireland should allow the HSC Trusts to more precisely plan the resources required to support these often vulnerable families.

Characteristics of children and young people placed at home on a Care Order

Despite the fact that consent was not received to review case file material for many of the children and young people at the census point (as would be expected from an active consent process with a hard-to-reach group), the 47 cases that were reviewed contained great variations in terms of the young people's age range, their backgrounds, number of placements, etc.

Children and young people's profile

In keeping with what we already know about children who enter care, these children and young people came from families with very difficult backgrounds, especially in terms of alcohol abuse (89%) and domestic violence (70%), and the vast majority indicated the presence of a large number of parental problems (91%). The age range of the children at time of survey was quite wide, but a large percentage was over 16 years old (70%).

There was also a considerably higher percentage of females (64%, n=30) in the sample, and these tended to be older than the males. This is not reflective of the general population of children in care, where there tends to be an over-representation of males (DHSSPS, 2012). It also does not correspond with samples from other similar studies, as in Farmer *et al.*'s (2011) study of 180 children returned home from care, the proportion of males was higher, although this was a study that also

included children who entered home on a voluntary basis and then returned home. These findings should help HSC Trusts to tailor their supports for families in these circumstances particularly in relation to the needs of adolescent females.

Care careers

The children's care careers and paths were quite diverse, in that while the majority had three placements or less, some experienced a large number of moves (i.e. between 4 and 12 placements; 32%); and while the majority had returned to live with their parents on only one occasion (74%), others had returned more than once (26%).

In terms of return breakdowns, nearly half the children/young people (49%; n=23) in the study cohort had at least one placement at home that had broken down. That reflects previous findings (Farmer *et al.*, 2011; Packman & Hall, 1998; Wade *et al.*, 2010). However, despite this high breakdown rate, for the majority of young people (64%), the last placement home had remained stable.

This report paints a complex picture of the wide range of backgrounds, situations and experiences, which children and young people returning to live with their birth parents on a Care Order endure. While many appeared to have in common a parental background history of alcohol abuse and domestic violence, four main types of career were discernible: (1) young people who returned home when they were young children and remained at home; (2) young people who returned home when they were teenagers and remained at home; (3) young children that returned home at some point, but ended up living in alternative long-term placements; and (4) young people who returned home on several occasions. It is important to highlight that while in the first group, most children had a planned return home after parents had engaged in supports and completed assessments, in the other groups, the returns were not planned, with young people often initiating the move themselves, or where previous foster placements had broken down, and no alternative placements could be identified.

1 – Children Return Home Group

These are children who were removed from their birth parents at a young age, were returned to them after an assessment identified a change of these negative circumstances, and remained at home. Allowing for a 'home on trial' period with a Care Order in place would appear to make sense in these circumstances, and enable the HSC Trust to monitor the situation. However, many of these Care Orders remained for initially unintended lengthy periods. This appeared to be due to the risks posed by parents' intermittent alcohol abuse and their lifestyle, contact issues, and parents' desire to ensure that their children were able to access the supports that they needed.

2 – Home and Away Group

These are children who returned home at an early age, but then entered long-term care, mainly because their birth parents were not able to make the necessary changes in their lifestyle to allow them to be the long-term carers for their children.

3 – Adolescent Return Home Group

These are teenagers who decided to return to their birth parents after remaining in a long-term placement, often against the wishes of the HSC Trust, or whose long-term placement broke down, and the HSC Trust was unable to identify an alternative long-term placement, sometimes due to the young person's behavioural problems. Many of these young people essentially 'voted with their feet', and social services were required to ensure that they remained safe in often less than optimal circumstances. The pressure on the HSC Trust in these circumstances could be lessened to some degree as the young people were older, had more independence from their birth parents, and may have been potentially more resilient.

4 – Yo-yo Group

These are young people who oscillated within the system, sometimes due to systemic inadequacies, such as a lack of availability of long-term fostering or adoptive placements, or due to the desire of the HSC Trust to work in partnership with parents, a key tenant of the *Children Order (Northern Ireland) 1995*. This can be a very difficult balance to strike when parents are inconsistent in their parenting, often associated with intermittent sobriety.

Rationale for and function of the Care Order

These children and young people had all at some stage been removed from the care of their parents to live in other type of placements, and the reasons for returning home had varied depending on a range of factors, such as the age of the child/young person, and the circumstances of the birth family and the previous placement. Thus, Care Orders at home tended to serve two main functions: to either monitor and/or support the placement. In some instances, Care Orders were not removed because of the continuity of endemic problems within the birth family, especially in the case of parental alcohol abuse that had not been completely eradicated, with only intermittent periods of sobriety. In these cases, the main function of the Care Order was to monitor the placement. Other concerns that were often present when the Care Order was still in place were related to the child's/young person's vulnerabilities and difficulties, and to the difficult relationships between families, which meant that ongoing support with contact was necessary.

On other occasions, it appeared that the Care Order was instrumental in guaranteeing the continuity of HSC Trust supports that had been provided to the family, especially to the young person. This was particularly apparent during the interviews with family members.

The families' experiences of the 'at home in care' placement

The young people and birth parents interviewed had a range of different experiences of living separated and living together, and in terms of their experiences with social services. Birth parents and children and young people described negative feelings when recalling being taken away and separated, and the vast majority of young people wished to return to live with their birth parents, as did their parents. This finding serves as a stark reminder of the need for social workers to be skilled and mindful practitioners in dealing with these highly emotional situations, which leave enduring memories.

A range of parental attitudes were found in terms of their understanding of the reasons for the children being taken into care. While some appreciated the reasons for their children being removed from their care, and who consequently worked hard to resolve these issues so that they could get their children back, others recognised the presence of some difficulties, but did not believe that removing the children was the appropriate decision and felt that they were not given the support they needed at the time.

Parents and young people experienced entry into care as a considerably difficult time emotionally, and their main wish was to be re-united. The young people's experiences in care mainly depended on the quality of the relationship with, and the care provided by their foster families, the frequency and quality of the contact with their birth parents, the presence of siblings, and the number of moves. The young people who had had multiple placements described a range of positive and negative experiences, from establishing very good nurturing relationships with their carers to suffering bullying and neglect.

Children and young people, and their parents, believed that they had returned home either because of changes in the circumstances of the birth parent/s, placement breakdowns, or/and the wish/willingness of the young people to return home. Most young people were very satisfied with the home placement, and while some were eager not to have social services involved in their lives any longer, others recognised the support that had been provided to them. Similarly, while some parents were not content with the level of practical and financial support, others had very positive and supportive relationships with their social workers. Parents had a range of views on the necessity of Care Orders at home. Some viewed them as involving constant monitoring and interference in their lives, often leading to fear that their children would be taken away again, while others viewed them as a source of essential supports for their children. This meant that some parents had ambivalent feelings regarding the removal of their children's Care Orders.

Some of the older young people interviewed were no longer living with their birth parent/s, but living independently or in supported accommodation. Some had been engaged in risk-taking behaviours when younger, but their attitudes and situations had changed. Some children and young people had abandoned their studies and returned to do some courses later in their lives, but others

had achieved qualifications and remained in education up to the time of interview. Two young people talked about the birth of their child as being a turning point in their lives, which made them change their attitudes and lifestyle.

Implications for Social Work Practice and Recommendations

As in another recent study where assessment and planning prior to reunification were inconsistent (Murphy & Fairtlough, 2014), the findings reported here suggest that the ideal of ‘planned care careers’ decided by formal social services processes, with decisions following careful assessments and risk analysis, appears a long way from the reality for many of these families and their social workers. In fact, the study sheds light on the power and agency that the young person and their families have in these situations.

Within the main pathways described above, the report uncovers three situations that need to be considered in social work practice:

- 1) children returning home when a care placement breaks down when there was no plan to return the child before the placement breakdown;
- 2) adolescents ‘voting with their feet’ and simply returning home without any or with limited social services planning or decision-making; and
- 3) adolescents remaining in care when there appears to be no child welfare reason for them to be there. They are willing to stay in care because of the advantages it brings, such as various financial benefits if they are going to live independently, as well as education benefits (fees paid) if they are in higher education.

The latter, in particular, but other elements of the qualitative work also challenges the common perception that ‘care is bad’, and children and families want only to avoid it and get out of it as quickly as possible.

In view of the findings that emerged from this study, a number of recommendations for policy and practice can be made:

- In order to be able to compare statistics across the UK and give visibility to this group of children and young people in Northern Ireland (i.e. those living with birth parents on a care order and thus the subject of this study), the category of children ‘living with family’ (i.e. placed with parents or other relatives) compiled by the Northern Ireland Statistics and Research Agency (NISRA) should be removed, and replaced by ‘placement with parents’ and ‘foster placement with relative or friend’ (kinship care), as it is in England and Wales. As it stands at present, this group of young people are hidden, and their numbers across the five HSC Trusts cannot be easily specified, which makes it difficult to address their specific needs, and to tailor policy and practice accordingly.

- Since most return breakdowns in the study were related to continuing parental alcohol and/or drugs misuse, and in keeping with the recommendations made by Farmer (2014, p.348), we would suggest “setting conditions using written agreements, which agree clear goals for change with parents, with swift action being taken when children’s quality of life at home becomes unsatisfactory”. In fact, the lesson from the *yo-yo group* is that a firmer approach may need to be taken by social services and the courts when drug and alcohol misuse is at issue. This may appear to sit outside the ethos of the *Children Order*, particularly the emphasis that is placed on working in partnership with parents, and the increasing recognition of parental rights. However, such an approach may be more attuned to children’s rights, particularly when one considers the long-term consequences for young people who may drift in and out of the care system (McSherry *et al.*, 2013). The young person, their interests and safety should not get ‘lost’ or compromised, but be central in the decision-making processes (Terry, 2013). The lessons learned from Family Drug and Alcohol Courts (FDAC) within care proceedings in England and Wales (Harwin *et al.*, 2013; Whitehead, 2014) should also be considered for Northern Ireland. FDAC is a court-based approach that aims to thoroughly examine the appropriateness of children returning home to live with their birth parents (who have a history of alcohol and drug abuse); and where indications are favourable, to provide extensive support for parents and children and carefully plan for the return; and when parents fail to engage, to provide a swift placement in an alternative permanent family. It is run by specially trained judges that provide ongoing supervision and support to parents in recovery, and who work closely with a multi-disciplinary team offering personalised care and treatment to families at risk. FDAC was first established in 2008 covering 6 London boroughs, and its successes were acknowledged in the 2011 Family Justice Review, leading to further funding being offered to test its approach in other parts of England and Wales.
- Some young people interviewed in the study explained that they were not properly informed about the decisions taken for them (especially in relation to removing them from their birth parent/s but also moving them to different carers or returning home), and that made them upset, scared and angry. Thus, social workers need to be trained and supported in helping these young people ‘have a say’ in, and also understand the decisions taken and their implications.
- Care Orders often remained for lengthy periods of time after the young people had returned home, due to contact issues and the parents’ desire to ensure that their children were able to access the supports that they needed. Therefore, HSC Trusts should look at replacing lingering Care Orders with Supervision Orders, as the latter should be better suited to continually assess and support the family. The advantage of the Supervision Order is that it eradicates the control element that parents and young people found unsettling about Care Orders, as it does not involve shared parental responsibility. The disadvantage for the families is that this would move them out of the Looked After system, and decrease their priority level in relation to

family supports. Consequently, more investment focused on early interventions and family services in the community (before and after children return home) is essential in order to make parents and young people less reliant on Care Orders, and more confident and able to access the services they need; as well as to provide them with the adequate support that can prevent further return breakdowns. In fact, delivering these supports has been shown to cost less than the expenses associated with failed reunifications (Holmes, 2014).

- As many young people 'voted with their feet' and returned home, oftentimes against social services' advice, as reflected by the *adolescent return home group*, it is recommended that the care planning cycle for this group of young people should ensure that there is a continual exploration of the possibility of family involvement, so that contingency arrangements can be developed to be operationalised when sudden foster or residential placement breakdowns occur.

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